

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V69142

1. Entity Name

DIXIE AUTO CARE, INC.

Principal Place of Business

18920 W DIXIE HWY
NORTH MIAMI BEACH FL 33180

Mailing Address

18920 W DIXIE HWY
NORTH MIAMI BEACH FL 33180-2636

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

3801 Waterways Blvd.

Suite, Apt. #, etc.
1002

City & State
Aventura, Florida

Zip
33180

Country
U.S.

4. FEI Number

65-0365251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LERNER, ARIE
1904 NE 204 TERRACE
N MIAMI BCH FL 33179

7. Name and Address of New Registered Agent

Name Adam R. Schiffman, Esquire
Street Address (P.O. Box Number is Not Acceptable) 2999 N.E. 191st Street, Suite 900
City Aventura FL Zip Code 33180

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/2000

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LERNER, ARIE	
STREET ADDRESS	18920 W DIXIE HWY	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LERNER, NAOMI	
STREET ADDRESS	18920 W DIXIE HWY	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director/Pres./Sec./Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larry Jacobson	
STREET ADDRESS	3801 Waterways Blvd., Unit 1002	
CITY-ST-ZIP	Aventura, Florida 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/2000

Date

(305) 682-1328

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE