

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90157 028 ***150.00

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DOCUMENT # V69142

1. Entity Name
DIXIE AUTO CARE, INC.



Principal Place of Business
**18920 W DIXIE HWY
NORTH MIAMI BEACH FL 33180**

Mailing Address
**3801 WATERWAYS BLVD
#1002
AVENTURA FL 33180**

2. Principal Place of Business

3. Mailing Address

18920 W DIXIE HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. MI Bch, FL

4. FEI Number **65-0365251**

Applied For

Not Applicable

Zip

Country

Zip

33180

Country

MI-DADE

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SCHIFFMAN, ADAM R ESQ.
2999 NE 191ST ST.
STE 900
AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name **GARY R. EDWARDS**
Street Address (P.O. Box Number is Not Acceptable) **20700 W DIXIE HWY**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

1-6-03

**FILE NOW!!! FEE IS \$140.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☐ Delete
NAME **JACOBSON, LARRY**
STREET ADDRESS **3801 WATERWAYS BLVD #1002**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **DPST** ☐ Change ☒ Addition
NAME **LOPROTO, DOLORES**
STREET ADDRESS **16413 NE 33 AVE**
CITY-ST-ZIP **N. MI Bch, FL 33160**

TITLE **DPST** ☐ Delete
NAME **OR**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DOLORES LOPROTO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-03

Date

305-949-8006

Daytime Phone #

CR2E034 (10/02)