

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 14, 2001 8:00 am**  
**Secretary of State**

09-14-2001 90028 030 \*\*\*550.00

**DOCUMENT # P95000093992**

1. Entity Name

**CAR PLAZA, INC.**



Principal Place of Business

Mailing Address

**8360 W. OAKLAND PARK BLVD. #201  
 SUNRISE FL 33351**

**8360 W. OAKLAND PARK BLVD. #201  
 SUNRISE FL 33351**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0624302**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARIE MREJEN, P.A.  
 701 W CYPRESS CREEK RD  
 SUITE 302  
 FT LAUDERDALE FL 33309**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>KADOCH, DAVID</b> <input type="checkbox"/> Delete <b>8360 W. OAKLAND PARK BLVD. #201</b> <b>SUNRISE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <input type="checkbox"/> Delete <b>ZOUR, ISRAEL</b> <b>12700 BISCAYNE BLVD SUITE 202</b> <b>NORTH MIAMI FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Delete <b>TIROSH, ZIU</b> <b>210 174TH ST</b> <b>N. MIAMI BEACH FL 33180</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>FORESTER, BRUCE</b> <b>4045 SHERIDAN AVE, #432</b> <b>MIAMI BEACH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>TIROSH, PETER</b> <b>210 174TH ST</b> <b>N. MIAMI BEACH FL 33180</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Waxman, Michael</b> <b>7920 NW 3rd Place</b> <b>Plantation, FL 33324</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Martinez Juan Carlos</b> <b>4862 NW 72nd Ave</b> <b>Miami, FL 33155</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Barone, Luiz</b> <b>Rua Belo Horizonte 714</b> <b>Londrina, PR 86020-030</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Mendiola, Jose</b> <b>2425 NW 139th Ave</b> <b>Sunrise, FL 33323</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Tirosh, Ziv</b> <b>25 Ben Yossef St.</b> <b>Tel Aviv 69125 Israel</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Heatley, Mandy</b> <b>4402 NW 5th Ave</b> <b>Pompano Beach, FL 33064</b>

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:** ISRAEL ZOUR DT **09/11/01** **(954) 749-2030**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)