2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000091142

1. Entity Name

FUAD'S AUTO BODY, INC.

Principal Place of Business

140 EVERNIA STREET
JUPITER FL 33458

Mailing Address

140 EVERNIA STREET
JUPITER FL 33458

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

140 EVERNIA STREET

Suite, Apt. #, etc.

City & State: Jupiter, FLORIDA

Zip 33458   Country U.S.A

3. Mailing Address

140 EVERNIA ST.

Suite, Apt. #, etc.

City & State: JUPITER FLORIDA

Zip 33458   Country USA

4. FEI Number 65-1044697

Applied For ☐   Not Applicable ☐

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

6. Name and Address of Current Registered Agent

HAMADA, FUAD M
140 EVERNIA STREET
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name FUAD M HAMADA

Street Address (P.O. Box Number is Not Acceptable)

140 EVERNIA STREET

City Jupiter   FL   Zip Code 33458

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

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, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME HAMADA, FUAD M STREET ADDRESS 140 EVERNIA STREET CITY-ST-ZIP JUPITER FL 33458	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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CR2E034 (9/01)

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 REQUIRED   4/10/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #