


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

04-25-2003 90176 040 ***150.00

| | |
|--|---|
| DOCUMENT # 478708 |  |
| 1. Entity Name EUROPEAN AUTO SPECIALISTS, INCORPORATED | |

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|---|---|
| Principal Place of Business 11310 S.W. 208TH DR. CUTLER RIDGE FL 33189-2231 | Mailing Address 11310 S.W. 208TH DR. CUTLER RIDGE FL 33189-2231 |
|---|---|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



☐ CHECK HERE IF MAKING CHANGES

| | | |
|---|--|--|
| 4. FEI Number 59-1626185 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent FORMAN, CAROLYN 3310 S.W. 88 CT. MIAMI FL 33185 | | 7. Name and Address of New Registered Agent Name MICHAEL FORMAN Street Address (P.O. Box Number is Not Acceptable) 8411 SW 42ND TERR City MIAMI FL Zip Code 33155 | |
|---|--|---|--|

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  **Michael Forman** DATE **5/9/03**

Signature, typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when reinstating.

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|---|---|
| TITLE PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME FORMAN, MICHAEL | | NAME | |
| STREET ADDRESS 8411 S W 42ND TERRACE | | STREET ADDRESS | |
| CITY-ST-ZIP MIAMI FL | | CITY-ST-ZIP | |
| TITLE PD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME FORMAN, CAROLYN K | | NAME | |
| STREET ADDRESS 3310 S W 88TH CT | | STREET ADDRESS | |
| CITY-ST-ZIP MIAMI FL | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

12. I hereby certify that the information supplied on 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: **SIGNATURE REQUIRED**  DATE **5-16-03** DAYTIME PHONE # **305-253-9153**

SIGNATURE AND TYPE OF PRINTED NAME OF OFFICER OR DIRECTOR

CR2E034 (10/02)