

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-14-2003 90205 016 ***158.75

DOCUMENT # F93000005399

1. Entity Name
MIAMI LAKES PONTIAC, INC.



Principal Place of Business
**6100 NORTHWEST 167TH STREET
MIAMI LAKES FL 33014**

Mailing Address
**6100 NORTHWEST 167TH STREET
MIAMI LAKES FL 33014**

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 **65-0444763**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WASSERMAN, JEFFREY R
4000 HOLLYWOOD BLVD.
SUITE 710N
HOLLYWOOD FL 33021**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

**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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DUHANEY, TREVOR	
STREET ADDRESS	6100 NORTHWEST 167TH STREET	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURDOCK, STEVEN	
STREET ADDRESS	5730 GLENRIDGE DRIVE, SUITE 404	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FIELDS, PAUL	
STREET ADDRESS	3044 W. CRANE BLVD.	
CITY-ST-ZIP	DETROIT MI 48202	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FERGUSON, MABLE	
STREET ADDRESS	6100 N.W. 167 STREET	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jones, Steven	
STREET ADDRESS	11315 Corporate Blvd. suite 219	
CITY-ST-ZIP	Orlando, FL 32814	
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		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/03 (305) 503-3701

Date

Daytime Phone #

CR2F034 (10/02)