

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT 17 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G42962 1. Entity Name FIRST PROFESSIONAL AUTOMOTIVE DISMANTELERS, INC.					
Principal Place of Business 516 NW 1 AVENUE FT. LAUDERDALE, FL 33301			Mailing Address 5414 STIRLING ROAD DAVIE, FL 33314		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2371117	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ACQUARULO, LOUIS 5414 STIRLING ROAD DAVIE, FL 33314				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
B. 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 _____ (NOTE: Registered Agents signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$61.25 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 NAME STREET ADDRESS CITY-ST-ZIP	P ACQUARULO, LOUIS 5414 STIRLING ROAD DAVIE, FL 33314	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Ira Goldstein 5414 Stirling Road Davie, FL 33314	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOLDBERG, ISAAC 5414 STIRLING ROAD DAVIE, FL 33314	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100023869501 10/17/03--01018--009 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Louis Acquarulo</u> Louis Acquarulo 10-13-03 (95A) 963-4948 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR2E034 (10/02)