

2002

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G64374

1. Entity Name

FOSSAS CARBURETOR, INC.

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90352 032 ***150.00

Principal Place of Business

C/O SILVIO FOSSAS
2546 S.W. 15 AVE.
FT LAUDERDALE FL 33315

Mailing Address

C/O SILVIO FOSSAS
2546 S.W. 15 AVE.
FT LAUDERDALE FL 33315

U J O G I O

2. Principal Place of Business

3131 SW 2nd Ave

3. Mailing Address

3131 SW 2nd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft Lauderdale - Fla

City & State

Ft Lauderdale - Fla

Zip

33315

Country

USA

Zip

33315

Country

USA

4. FEI Number 59-2337474

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOSSAS, SILVIO
1399 STATE RD 84
FT LAUDERDALE FL 33315

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME FOSSAS, SILVIO
STREET ADDRESS 991 SW 32ND ST
CITY-ST-ZIP FT LAUDERDALE, FL 00000TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, without other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CD50024 140000