

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90677 001 \*\*\*150.00

**DOCUMENT # H68466**

1. Entity Name

**M & B AUTOMOTIVE, INC.**

Principal Place of Business

**300 S.W. 12TH AVENUE  
BAY 5  
POMPANO BEACH FL 33069**

Mailing Address

**300 S.W. 12TH AVENUE  
BAY 5  
POMPANO BEACH FL 33069**

**435550**



DO NOT WRITE IN THIS SPACE

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 **59-2583945**

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

**MORIN, JAMES, SR.**

**300 S.W. 12TH AVENUE**

**BAY 5**

**POMPANO BEACH FL 33069**

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, 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 **P** ☐ Delete  
NAME **MORIN, JAMES, SR.**  
STREET ADDRESS **300 S.W. 12TH AVE.**  
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **MORIN, CLAUDETTE**  
STREET ADDRESS **300 S.W. 12TH AVE.**  
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ 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, with all other like empowered.

SIGNATURE: **X**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5/16/02**

CR2E034 (9/01)

Attachment

436550

# H68466

May 13, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL. 32302

Re: 59-2583945

To Whom It May Concern;

I hereby request the \$400.00 penalty for filing this report after May 1, 2002 be waived due to an extreme personal grievance.

My 31 year old son has been battling leukemia for the past two years, being terminally ill continually for the last 3 months of his life. He passed away at the end of April and I must admit I have not had my thoughts on my business obligations for quite some time. Upon his passing and trying to get things caught up and back in order I came across the annual report which had not been filed.

Please give every consideration to this request and let me know by written return of your decision.

Sincerely,

James Morin, Sr.  
President  
M&B Automotive, Inc.