

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K60867

1. Entity Name
SUNBEAM CAR CARE, INC.Principal Place of Business
1042 SOUTH MILITARY TRAIL
WEST PALM BEACH FL 33415
US

Mailing Address

1042 S. MILITARY TRAIL
WEST PALM BEACH FL 334152. Principal Place of Business
Suite, Apt. #, etc.3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number

65-0170785

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAYAT, AVRAHAM
1042 SO. MILITARY TRAIL
WEST PALM BEACH FL 33415

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 State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P Delete
NAME AVRAHAM, HAYAT
STREET ADDRESS 18839 CASPIAN CIRCLE
CITY-ST-ZIP BOCA RATON FL 33496TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

S. Patrick J. KIRK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-02 561-439-3055

Daytime Phone #

300 300 AV

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

03-14-2002 90084 038 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)