

# 2002 UNIFORM BUSINESS REPORT (UBR)

01809623 AV

DOCUMENT # **L41155**

1. Entity Name  
**NORTH AMERICAN MOTORCARS, INC.**

**FILED**

02 SEP 11 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**3800 OVERSEAS HIGHWAY  
MARATHON FL 33050**

Mailing Address

**7110 E. CYPRESSHEAD DR.  
PARKLAND FL 33067**

2. Principal Place of Business

**3800 OVERSEAS HIGHWAY  
Suite, Apt. #, etc.**

3. Mailing Address

**8091 NW 12TH ST "J"  
Suite, Apt. #, etc.**

City & State

**MARATHON FL**

City & State

**PARKLAND FL**

4. FEI Number

**65-0272328**

Applied For

Not Applicable

Zip

Country

**33050 MARATHON**

Zip

Country

**33067 PARKLAND**

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

6. Name and Address of Current Registered Agent

**SAFFOURY, WILLIAM S.  
7110 E CYPRESSHEAD DR  
PARKLAND FL 33067**

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete  
NAME **PST SAFFOURY, WILLIAM S.**  
STREET ADDRESS **7110 E CYPRESSHEAD DR**  
CITY-ST-ZIP **PARKLAND FL**

TITLE ☐ Delete  
NAME **VD SAFFOURY, WILLIAM S.**  
STREET ADDRESS **7110 E CYPRESSHEAD DR**  
CITY-ST-ZIP **PARKLAND FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**000008018110-0**  
**-09/25/02--01058--001**  
**\*\*\*\*150.00 \*\*\*\*150.00**

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

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

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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: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034(9/01)

Attachment  
Doc. # 641155-292

# North American Motorcars, Inc.

Wednesday, September 04, 2002

Pat Bailly  
FLORIDA DEPARTMENT OF STATE  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Dear Pat:

Please accept my apology on the late filing for the UBR as luck has it that my neighbor who was terminally ill has had the form delivered to him by error while he was going through treatment. Only, upon his passing that his daughter in law found the document and left the form out in the weather to be soaked and wet from pouring rain.

Apparently they must have had the form for months until found by his family member. Your help is greatly appreciated.

Sincerely,

*William Saffoury*  
William S. Saffoury  
President