

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90080 012 ****61.25

0038820

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38750

1. Corporation Name

FLORIDA STREET RODS, INC.

Principal Place of Business

11430 NW 35 ST.
SUNRISE FL 33328
US

Mailing Address

11430 NW 35 ST.
SUNRISE FL 33328
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/21/1990

4. FEI Number

65-0202874

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MICHAEL A. LEPURAGE
11430 NW 35 ST.
SUITE 201A
SUNRISE FL 33328

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DPT**
STREET ADDRESS **MICHAEL A LEPURAGE**
CITY-ST-ZIP **11430 NW 35 ST.
SUNRISE FL**

TITLE ☐ DELETE
NAME **DVP**
STREET ADDRESS **SIDNEY MORRA**
CITY-ST-ZIP **1501 NW 73 TERR.
HOLLYWOOD FL**

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **MAGGIE URIAH**
CITY-ST-ZIP **1962 SW 69TH AVE
POMP BCH. FL**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **HONEY SCOTT**
CITY-ST-ZIP **6520 PINES PKY
HOLLYWOOD FL**

TITLE ☐ DELETE
NAME **SGT**
STREET ADDRESS **CHRISTOPHER URIAH**
CITY-ST-ZIP **1962 SW 69TH AVE
POMP BCH. FL**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **FIDDES, HAYDEN**
CITY-ST-ZIP **14751 S BISCAYNE RIVER DR
N MIAMI FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Lepurage* **RECEIVED** *A. Lepurage* 2/27/98 (954-798 9727)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)