

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38750

1. Entity 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 33323-1420
US

2. Principal Place of Business

7000 NW 108 AVE
Suite, Apt. #, etc.
TAMARAC Florida
City & State

3. Mailing Address

7000 NW 108 AVE
Suite, Apt. #, etc.
TAMARAC Florida
City & State

Zip
33321

Country
BROWARD

Zip
33321

Country
Broward

4. FEI Number
65-0202874

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Michael A Lepurage
Street Address (P.O. Box Number is Not Acceptable)
7000 NW 108 AVE
City
TAMARAC FL Zip Code
33321

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MICHAEL A LEPURAGE 11430 NW 35 ST. SUNRISE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SIDNEY MORRA 1501 NW 73 TERR. HOLLYWOOD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAGGIE URIAH 1962 SW 69TH AVE POMP BCH. FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HONEY SCOTT 6520 PINES PKY HOLLYWOOD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SGT CHRISTOPHER URIAH 1962 SW 69TH AVE POMP BCH. FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIAZZA, VINCENT 8441 NW 24TH PL. PEMBROKE PINES FL 33024	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Michael A Lepurage 7000 NW 108 AVE TAMARAC FL. 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Eleanor Lepurage 7000 NW 108 AVE TAMARAC FL. 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAROL MORRA 1501 NW 73 Terr. Hollywood FL.	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SGT/D John Losicco 7000 NW 108 AVE TAMARAC FL. 33321	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael A. Lepurage 2/3/00 724 9666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

FILED
Feb 08, 2000 8:00 am
Secretary of State
02-08-2000 90131 009 ***61.25

A0019492



DO NOT WRITE IN THIS SPACE