

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90998 039 ****61.25

DOCUMENT # N38750

1. Entity Name

FLORIDA STREET RODS, INC.

Principal Place of Business

7000 NW 108 AVE
TAMARAC FL 33321
US

Mailing Address

7000 NW 108 AVE
TAMARAC FL 33321
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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
7000 NW 108 AVE
TAMARAC FL 33321

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

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 **DPT** ☐ Delete
NAME **MICHAEL A LEPURAGE**
STREET ADDRESS **7000 NW 108 AVE**
CITY-ST-ZIP **TAMARAC FL 33321**

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

TITLE **SD** ☐ Delete
NAME **LEPARAGE, ELEANOR**
STREET ADDRESS **7000 NW 108 AVE**
CITY-ST-ZIP **TAMARAC FL 33321**

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

TITLE **SGT** ☐ Delete
NAME **LOSICCO, JOHN**
STREET ADDRESS **7000 NW 108 AVE**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **D** ☐ Delete
NAME **PIAZZA, VINCENT**
STREET ADDRESS **8441 NW 24TH PL**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition
NAME **Treasurer**
CAROL MORRA
STREET ADDRESS **1501 NW 73 Terr**
CITY-ST-ZIP **Hollywood Fl.**

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

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

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* **1-14-02** **724 9668**

CR2E037 (9/01)