FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
05-29-2002 90738 034 ***150.00

B0123412

DOCUMENT # P00000021993

1. Entity Name
AMERICAR SERVICES INC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
3501 WEST OAKLAND PARK Blvd.	7370 NW 4th St
Suite, Apt. #, etc	Suite, Apt. #, etc. #301
City & State: LAUDERDALE LAKES FL	City & State: PLANTATION FL.
Zip: 33311 Country: US	Zip: 33317 Country:

4. FEI Number: 65-1018923 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: GELBART MENAHEM
Street Address (P.O. Box Number is Not Acceptable): 7370 NW 4th ST #301
City: Plantation FL Zip Code: 33317

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 _____ 4/29/02
Signature Typed or Printed Name of Individual and Title if Applicable — (Both 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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	
NAME	Schneider JACOB DELETE
STREET ADDRESS	11015 NW 39th St
CITY-ST-ZIP	SUNRISE FL 33351
TITLE	
NAME	GELBART MENAHEM P.
STREET ADDRESS	7370 NW 4th St
CITY-ST-ZIP	PLANTATION FL 33317
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/29/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #