

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90500 027 \*\*\*150.00

DOCUMENT # P00000037771

1. Entity Name

P &amp; J AUTO SALES CORP.

Principal Place of Business

Mailing Address

1251 NE 158TH STREET  
NORTH MIAMI BEACH FL 331621251 NE 158TH STREET  
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

7124 NW 2CT

3. Mailing Address

1251 N.E. 158TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

Miami Fla.

City &amp; State

N. MIAMI BEACH FL.

Zip

33150

Country

Dade

Zip

33162

Country

Dade

4. FEI Number

65-1062035

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Paul MERIZIER

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

1251 NE. 158 ST

City

N. MIAMI BEACH

FL

Zip Code

33162

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

Paul MERIZIER

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/02

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MERIZIER, PAUL	
STREET ADDRESS	1251 NE 158TH STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHEVELON, JULIE	
STREET ADDRESS	1251 NE 158TH STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Paul MERIZIER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/02

CR2E034 (9/01)