

03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P00000037771*

1. Entity Name

P & J Auto Sales Corp.



FILED

03 MAY 15 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7124 NW 2CT

3. Mailing Address

11930 W Golf Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33150

Country

USA

Zip

33167

Country

USA

4. FEI Number

65-1062 035

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Paul MERIZIER

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

11930 W Golf Drive

City

MIAMI

FL

Zip Code

33167

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Paul MERIZIER

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

(NOTE: Registered Agent signature required when reinstating)

DATE

05/09/03

January 1 - May 1 Fee is **\$150.00**

After May 1, Fee is **\$550.00**

Amended UBR is **\$61.25**

Make Check Payable to Florida Department of State

*not Received original
Application.*

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Paul MERIZIER
11930 W Golf Drive
MIAMI FL 33167*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*President Owner
11930 W Golf Drive
MIAMI FL 33167*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*JULIE Chevelon
DELETING*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*JULIE Chevelon
DELETING*

TITLE
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CITY-ST-ZIP

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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 607, Florida Statutes; and that my name appears in Block 10 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

05/09/03

Date

786-286-5307

Daytime Phone #

CR2E034B (12/02)