

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000068404

1. Entity Name  
WORLD AUTO CARE, INC.

Principal Place of Business  
153 NE 167 STR  
NORTH MIAMI BEACH FL 33162

Mailing Address  
1040 CORKWOOD STREET  
HOLLYWOOD FL 33019

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 65-1026238  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent  
Name: ~~WORLD AUTO CARE INC~~  
Street Address (P.O. Box Number): ~~153 NE 167 STR~~  
City: ~~NORTH MIAMI BEACH~~  
City: ~~FL 33162~~  
City: ~~FL 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: A. Chariton 1/29/02

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 \$680.00 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 NAME STREET ADDRESS CITY-ST-ZIP	PD LERNER, ARE 1040 CORKWOOD STREET HOLLYWOOD FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHARITON, ALEX 1040 CORKWOOD STREET HOLLYWOOD FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: SIGNATURE REQUIRED 1/29/02 305 244 3838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
02-14-2002 90056 031 \*\*\*150.00  
02 MAR 21 PM 3:21



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)