

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90200 036 ***150.00

DOCUMENT # P00000091142

1. Entity Name

FUAD'S AUTO BODY, INC.

Principal Place of Business

**140 EVERNIA STREET
 JUPITER FL 33458**

Mailing Address

**140 EVERNIA STREET
 JUPITER FL 33458**

2. Principal Place of Business

140 EVERNIA STREET

3. Mailing Address

140 EVERNIA ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JUPITER FLORIDA

City & State

JUPITER FLORIDA

33458

Country

U.S.A

Zip

33458

Country

USA

4. FEI Number

65-1044697

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HAMADA, FUAD M
 140 EVERNIA STREET
 JUPITER FL 33458**

7. Name and Address of New Registered Agent

Name **FUAD M HAMADA**

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

140 EVERNIA STREET

City **Jupiter**

FL

Zip Code **33458**

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

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

TITLE **D** ☐ Delete
 NAME **HAMADA, FUAD M**
 STREET ADDRESS **140 EVERNIA STREET**
 CITY-ST-ZIP **JUPITER FL 33458**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)