2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State
04-01-2002 90669 020 ***150.00

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DOCUMENT # P00000104529

1. Entity Name
A B D AUTOMOTIVE, CORP

Principal Place of Business	Mailing Address
5 NE 15 ST HOMESTEAD FL 33030	5 NE 15 ST HOMESTEAD FL 33030

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
150 NW 12 ST		150 NW 12 ST	
Suite, Apt. #, etc. BAY #2		Suite, Apt. #, etc. BAY #2	
City & State FL CITY, FLORIDA		City & State FL CITY, FLORIDA	
Zip 33034	Country	Zip 33034	Country

4. FEI Number 65-1053611 ☐ 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
ABDOOL, FEEARD 12400 SW 151 ST. #101 MIAMI FL 33186	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Feeardool
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABDOOL, FEEARD 12400 SW 151 ST. #101 HOMESTEAD FL 33030	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	16820 SW 108 AVE MIAMI, FL 33157	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ABDOOL, ALISA 12400 SW 151 ST. #101 HOMESTEAD FL 33030	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	16820 SW 108 AVE MIAMI, FL 33157	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Feeard Abdool 03/19/02 (305) 248-5513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #