

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90045 039 ***150.00

0466174 AV

DOCUMENT # P00000114041

1. Entity Name
SUZUKI/ISUZU DE AGUADILLA, INC.

Principal Place of Business

Mailing Address

**5314 SW SANDS BLVD
 CAPE CORAL FL 33914**

**5314 SW SANDS BLVD
 CAPE CORAL FL 33914**

829062



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5353 N. Federal Hwy.,

5353 N. Federal Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 204

Suite 204

City & State

City & State

Ft. Lauderdale, FL

Ft. Lauderdale, FL

4. FEI Number

65-1065429

Applied For

Not Applicable

Zip

Country

Zip

Country

33308

USA

33308

USA

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

**WESTPHAL, STEVE
 5314 SW SANDS BLVD
 CAPE CORAL FL 33914**

Name

Gary Fronrath

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

5353 N. Federal Hwy., Suite-204

Suite 204

City

Ft. Lauderdale

FL

Zip Code

33308

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.

April 1, 2002

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
 NAME **PD WESTPHAL, STEVE**
 STREET ADDRESS **5314 SW SANDS BLVD**
 CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE ☒ Change ☐ Addition
 NAME **President/Secretary Gary Fronrath**
 STREET ADDRESS **5353 N. Federal Hwy., Suite 204**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

TITLE ☒ Delete
 NAME **STD OGDEN, JOHN M**
 STREET ADDRESS **2607 DEL PRADO BLVD**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

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

TITLE ☐ Delete
 NAME **VD FRONRATH, GARY**
 STREET ADDRESS **5353 N FEDERAL HWY STE 204**
 CITY-ST-ZIP **FT LAUDERDALE FL 33308**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-02

Date

954.489-3973

Daytime Phone #

CR2E034 (9/01)