

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90852 006 ***150.00

DOCUMENT # P01000016995

1. Entity Name

ANGLO PRESTIGE AUTOS, INC.

Principal Place of Business

4340 NW 19TH AVENUE
 BUILDING 8 H
 POMPANO BEACH FL 33064

Mailing Address

4340 NW 19TH AVENUE
 BUILDING 8 H
 POMPANO BEACH FL 33064

2. Principal Place of Business

4330 NW 19th Ave

Suite, Apt. #, etc.

SITE A

3. Mailing Address

4330 NW 19th Ave

Suite, Apt. #, etc.

SITE A

City & State

POMPANO BEACH FLORIDA

City & State

POMPANO BEACH FL

Zip

FL 33064

Country

USA

Zip

33064

Country

USA

4. FEI Number

651074420

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FITTON, PAUL

4340 NW 19TH AVENUE

BUILDING 8 H

POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

BARRY FRANKS

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

4330 NW 19th Ave

POMPANO BEACH

City

POMPANO BEACH FL

Zip Code

33064

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)

04/20/02

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 ☒ Delete
 NAME D
 STREET ADDRESS FITTON, PAUL
 CITY-ST-ZIP 4340 NW 19TH AVENUE
 POMPANO BEACH FL 33064

TITLE ☐ Delete
 NAME D
 STREET ADDRESS FRANKS, BARRY
 CITY-ST-ZIP 4340 NW 19TH AVENUE
 POMPANO BEACH FL 33064

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 STREET ADDRESS
 CITY-ST-ZIP

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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:

NOTARIAL SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/02 9549744406

Date

Daytime Phone #

CR2E034 (9/01)