

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-11-2002 90010 010 ***150.00

22168



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000018428					
1. Entity Name RIZZO AUTO SALES, INC.					
Principal Place of Business 11275 S W 161ST AVENUE MIAMI FL 33196			Mailing Address 11275 S W 161ST AVENUE MIAMI FL 33196		
2. Principal Place of Business 1782 NW 36TH STREET Suite, Apt. #, etc.			3. Mailing Address P.O. BOX 420738 Suite, Apt. #, etc.		
City & State MIAMI, FL 33142		City & State MIAMI, FLORIDA		4. FEI Number 65-1078952	
Zip 33142	Country DADE	Zip 33242	Country DADE	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIZZO, ORLANDO A 11275 S W 161ST AVENUE MIAMI FL 33196			7. Name and Address of New Registered Agent 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 _____ (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) <input type="checkbox"/>		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 \$5.00 May Be Added to Fees! Trust Fund Contribution <input type="checkbox"/>	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO RIZZO, ORLANDO A 11275 S W 161ST AVENUE MIAMI FL 33196 <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:			Date 02-20-02		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

CR2ED34 (9/01)