

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90169 017 ***150.00

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1. Entity Name
CAR PLAZA OF NORTH LAUDERDALE, INC.



Principal Place of Business
8360 WEST OAKLAND PARK BLVD.
SUITE 201
SUNRISE, FL 33351

Mailing Address
8360 WEST OAKLAND PARK BLVD.
SUITE 201
SUNRISE, FL 33351

60032710



04182008 Chg-P CR2E034 (12/06)

4. FEI Number
65-1090848

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

KADOCH, DAVID
8360 WEST OAKLAND PARK BLVD.
SUITE 201
SUNRISE, FL 33351

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME TD
STREET ADDRESS ZOUR, ISRAEL
CITY-ST-ZIP 8360 WEST OAKLAND PARK BLVD. #201
SUNRISE, FL 33351

TITLE ☐ Delete
NAME PD
STREET ADDRESS MENDIOLA, JOSE
CITY-ST-ZIP 2425 NW 139TH AVE
SUNRISE, FL 33323

TITLE ☐ Delete
NAME S
STREET ADDRESS KADOCH, MICHAEL
CITY-ST-ZIP 1250 NW FLAMINGO RD
PLANTATION, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME PD
STREET ADDRESS MENDIOLA, JOSE
CITY-ST-ZIP 626 VERAONA PLACE
WESTON, FL 33326

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/08

954-512-5161