

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 26, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90068 025 \*\*\*150.00

**DOCUMENT # P01000060471**

1. Entity Name  
**ACCOLADE AUTOMOTIVE, INC.**

Principal Place of Business  
**317 ANSIN BLVD  
 HALLANDALE FL 33009**

Mailing Address  
**317 ANSIN BLVD  
 HALLANDALE FL 33009**

2. Principal Place of Business  
**215 NW 5th AVE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**215 NW 5th AVE**  
 Suite, Apt. #, etc.

City & State  
**HALLANDALE, FL**

City & State  
**HALLANDALE**

Zip  
**33009**

Country  
**USA**

Zip  
**33009**

Country  
**USA**

4. FEI Number  
**65-1118501**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name **JASON MURRAY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**18970 NW 7th AVE**  
 City **MIAMI** FL Zip Code **33169**

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 

(NOTE: Registered Agent signature required when reinstating)

11-Sept-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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D MURRAY, WINSTON 6219 SW 24TH ST MIRAMAR FL 33023</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BENYARD, ALFRED 550 NW 214TH ST MIAMI FL 33169</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President JASON MURRAY 18970 NW 7th AVE MIAMI FL 33169</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-Sept-02 (594)-454-8159  
 Date Daytime Phone #

CR2E034 (4/02)

attachment

Accolade Automotive  
215 NW 5th Ave  
Hallandale FL 33009  
PH (954) 454-8159

43070  
PO1000060471

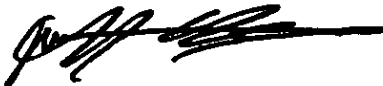
September 11, 2002

Division Of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302

To Whom It May Concern: —

It is our intention at Accolade to comply fully with the laws and regulations of the state of Florida and the United States. However due to a change in our business address, we did not receive your filing notice in time to meet the May deadline. In light of this we are requesting a waiver of the \$400 late fee assessed. Enclosed is a check for \$150 as required to cover the fee of our Uniform Business Report.

Cordially,



Jason Murray  
President  
Accolade Automotive