
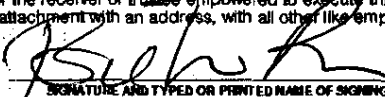


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90973 042 \*\*\*150.00

<b>DOCUMENT # P01000065753</b>					
1. Entity Name <b>BICK'S AUTO WORLD, INC.</b>					
Principal Place of Business <b>11700 TERRA BELLA BLVD PLANTATION, FL 33324</b>			Mailing Address <b>11700 TERRA BELLA BLVD PLANTATION, FL 33324</b>		
2. Principal Place of Business		3. Mailing Address <b>983 WINDWARD WAY</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>WESTON FL</b>		4. FEI Number <b>65-1124384</b>	
Zip		Country <b>USA</b>		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>BICKRAM, RAMNARINE 11700 TERRA BELLA BLVD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State		
Zip Code			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 _____ DATE _____					
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILING NOTICE: FEE IS \$350.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME		TITLE	NAME	
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CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			4/5/03 954 382 5790 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CFR2034 (10/02)