## 2002 UNIFORM BUSINESS REPORT (UBR)

## Sep 12, 2002 8:00 am Secretary of State DOCUMENT # P01000091233 1. Entity Name 09-12-2002 90094 013 \*\*\*550.00 DAZZLE DETAILING CORP. Principal Place of Business Mailing Address 5327 NW 21 COURT 5327 NW 21 COURT LAUDERHILL FL 33321 LAUDERHILL FL 33321 2. Principal Place of Business 3. Mailing Address P.O.BOX 4251 P-O.BOX 4251 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For DEERFIELD BOH DEERFIELD BOH, FL 65-1119631 Not Applicable Country Country **\$8.75** Additional 5. Certificate of Status Desired 33442 us --- -- 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEWIS KAPLAN, NORMAN D Street Address (P.O. Box Number is Not Acceptable) 7770 W OAKDLAND PARK BLVD STE 470 SUNRISE FL 33351 5820 NW 177 PLACE City SUNRISE 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, typed of printed name of registered agent and title if applicable. CEO / PRES (NOTE: Registered Agent signature required when reinstating) 9...This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE ☐ Delete TITLE CPO/P/B LEWIS, RICKY RICKY B. LOWIS 5820 NW 1744 PLACE # 104 NAME NAME 5327 NW 21 COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL 33321 SUNRISE, FL 33313 CITY-ST-ZIP ☐ Delete TITLE VP/D ☐ Change Addition NAME DALE ROBINSON STREET ADDRESS 531 PENNSYLVANIA AVE STREET ADDRESS CITY-ST-7/P SUNRISH, R. 33312 CITY-ST-ZIP TRES/D TITLE --- Delete Change Addition GEORGE TYSON 1376 SW 47 TH AVE NAME NAME STREET ADDRESS STREET ADDRESS DEERFIELD R. 32142 33442 CITY-ST-ZIP CITY-ST-ZIP 5/2 ☐ Delete TITLE Addition Change ODEON RILEY NAME NAME 5820 NW 17 TH PLACE \$302 STREET ADDRESS STREET ADDRESS SUNRISE , FL. 333/3 CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TIT! F Delete TITLE ■ Addition NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

CR2E034 (4/02)