

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90166 012 ***150.00

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DOCUMENT # P01000093930

1. Entity Name
AUTO SALVAGERS, INC.



Principal Place of Business
3008 NW 28 TERR
BOCA RATON FL 33434

Mailing Address
3008 NW 28 TERR
BOCA RATON FL 33434



2. Principal Place of Business

3. Mailing Address

1750 N. Powerline Rd.
Suite, Apt. #, etc.

1750 N. Powerline Rd.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Pompano Beach, FLA

City & State
Pompano Beach, FLA

4. FEI Number 65-1144123

Applied For
Not Applicable

Zip
33069

Country
BROWARD

Zip
33069

Country
BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERBERIAN, RUDY
3008 NW 28 TERR
BOCA RATON FL 33434

Name
BRADLEY J. SIRKIN

Street Address (P.O. Box Number is Not Acceptable)
1750 N. POWERLINE RD

City
Pompano Beach

FL

Zip Code
33069

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

2/11/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BERBERIAN, RUDY
3008 NW 28 TERRACE
BOCA RATON FL 33434 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
RUDY BERBERIAN
3008 NW 28 TERRACE
BOCA RATON, FL 33434 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
BRADLEY J. SIRKIN
1750 N. POWERLINE RD.
POMPAÑO BEACH, FLA 33069 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

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

12. I hereby certify that the information supplied with this filing does not disqualify 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/03

(954) 977-9922

Date

Daytime Phone #

CR2E034 (10/02)