

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

03-29-2002 91420 010 ***150.00

DOCUMENT # P26229

1. Entity Name

M.G.P. AUTO SALES, INC.

Principal Place of Business

619 SE 5TH AVE
 DELRAY BEACH FL 33483
 US

Mailing Address

PO BOX 1866
 DELRAY BEACH FL 33447
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-2232715

Applied For

Not Applicable

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

NEWMAN, PHYLLIS

10333 CAMELBACK LANE
 BOCA RATON FL 33498

Name

PETER NEWMAN

Street Address (P.O. Box Number is Not Acceptable)

619 S.E. 5th AVE.

P.O. Box 1866

City

DELRAY BEACH

FL

Zip Code

33447

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.

SIGNATURE

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

PETER NEWMAN V.P.

4-22-02

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 VS ☐ Delete
 NAME NEWMAN, PETER
 STREET ADDRESS 10333 CAMELBACK LANE
 CITY-ST-ZIP BOCA RATON FL

TITLE PTD ☐ Delete
 NAME NEWMAN, PHYLLIS
 STREET ADDRESS 10333 CAMELBACK LANE
 CITY-ST-ZIP BOCA RATON 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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 619 S.E. 5th AVE.
 CITY-ST-ZIP DELRAY BEACH, FL. 33447

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 619 S.E. 5th AVE.
 CITY-ST-ZIP DELRAY BEACH, FL. 33447

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

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:

PETER NEWMAN V.P.

3-19-02

561 243-6401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)