

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000052302

1. Entity Name

A & M AUTO SECURITY INC.

FILED

Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90159 016 ***150.00

Principal Place of Business

71-61 NW 45TH CT.
LAUDERHILL FL 33319

Mailing Address

2185B N. STATE RD. 7
MARGATE FL 33063

2. Principal Place of Business

2185 N. SR 7

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite . B

City & State

MARGATE FL

4. FEI Number 65-0423761

Applied For

Not Applicable

Zip 33063

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MICHAN, AVI
71-61 NW 45TH CT.
LAUDERHILL FL 33319

7. Name and Address of New Registered Agent

Name AVI MICHAN

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

9730 N.W 52 PL

City CORAL SPRINGS

FL

Zip Code

33076

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

AVI MICHAN

1/4/01

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, 2001 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 P
NAME MICHAN, AVI
STREET ADDRESS 7161 NW 45 CT.
CITY-ST-ZIP LAUDERHILL FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 9730 N.W 52 PL
CITY-ST-ZIP CORAL SPRINGS . FL. 33076

TITLE SECRETARY
NAME MARY MICHAN
STREET ADDRESS 9730 NW 52 PL
CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AVI MICHAN, PRESIDENT

1/4/01

Date

954-968-6600

Daytime Phone #

CR2E034 (10/00)