

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90034 037 \*\*\*150.00

**DOCUMENT # P94000004773**

1. Entity Name  
**HYE CLASS AUTO SALES, INC.**

Principal Place of Business  
**868 DOVER STREET**  
**BOCA RATON FL 33487**

Mailing Address  
**868 DOVER STREET**  
**BOCA RATON FL 33487**



DO NOT WRITE IN THIS SPACE

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 **65-0465704**

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

**AKKUS, NISAN**  
**868 DOVER STREET**  
**BOCA RATON FL 33487**

Name **NISAN AKKUS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**868 DOVER ST**

City **Boca Raton** FL Zip Code **33487**

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

(NOTE: Registered Agent signature required when reinstating)

**4-25-02**  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE	NAME	TITLE	NAME
PD	AKKUS, NISAN		
868 DOVER STREET	868 DOVER STREET		
BOCA RATON FL 33487	BOCA RATON FL 33487		
STD	AKKUS, PEGGI		
868 DOVER STREET	868 DOVER STREET		
BOCA RATON FL 33487	BOCA RATON FL 33487		

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/02** **561-241-3983**  
 Date Date

CR2E034 (9/01)