

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90379 016 ***150.00

DOCUMENT # P94000032795

1. Entity Name
MIAMI AUTO & BOAT, INC.



Principal Place of Business
**1895 N.E. 142ND ST
NORTH MIAMI FL 33181-1505**

Mailing Address
**1895 N.E. 142ND ST
NORTH MIAMI FL 33181-1505**



2. Principal Place of Business

3. Mailing Address
9901 EAST Bay HARBOR DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State
Bay HARBOR ISL FL

4. FEI Number
65-0490411

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

33154

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

**GIRARD, ARTHUR P
9901 EAST BAYHARBOR DR STE #1
MIAMI FL 33154**

Name **GIRARD ARTHUR P**
Street Address (P.O. Box Number is Not Acceptable)
9901 EAST BAY HARBOR DR STE 1
City **BAY HARBOR ISLAND FL** Zip Code **33154**

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

1-15-03

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 **D** ☐ Delete
NAME **GIRARD, MICHAEL**
STREET ADDRESS **9901 EAST BAY HARBOR DR STE 5**
CITY-ST-ZIP **BAY HARBOR ISLANDS FL 33154**

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

TITLE **D** ☐ Delete
NAME **GIRARD, ARTHUR P**
STREET ADDRESS **9901 EAST BAYHARBOR DR STE 1**
CITY-ST-ZIP **MIAMI FL 33154**

TITLE ☒ Change ☐ Addition
NAME **GIRARD ARTHUR P**
STREET ADDRESS **9901 EAST BAY HARBOR DR STE 1**
CITY-ST-ZIP **BAY HARBOR ISLAND, FL 33154**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 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

1-15-03 305 8641453
Date Daytime Phone #

CR2E034 (10/02)