

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90184 004 ***150.00

DOCUMENT # P95000021454

1. Entity Name

CAR PLAZA OF HOLLYWOOD, INC.

Principal Place of Business

**401 N 60TH AVE
HOLLYWOOD FL 33021**

Mailing Address

**8360 W OAKLAND POSH BLVD
SUNRISE FL 33351**

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

65-0577817

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

**MREJEN, ARIE P.A.
701 W CYPRESS CREEK RD
SUITE 302
FT LAUDERDALE FL 33309**

Name

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

City

FL

Zip Code

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	YARNELL, KIETH	
STREET ADDRESS	2150 N W 12TH ST	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	DP	<input type="checkbox"/> Delete
NAME	KADOCH, DAVID	
STREET ADDRESS	8360 W. OAKLAND PARK BLVD. #201	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ZOUR, ISRAEL	
STREET ADDRESS	12700 BISCAYNE BLVD. #202	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MENDIOLA, JOSE	
STREET ADDRESS	1431 SW 82ND AVENUE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BEN HORIN, YEHUDA	
STREET ADDRESS	21321 N E 19TH AVE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAS TANEDA, JAMES	
STREET ADDRESS	1750 S E 3RD ST	
CITY-ST-ZIP	POMPANO BEACH FL 33060	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DIRECTOR
ISRAEL ZOUR

Date

05/29/02

Daytime Phone #

(154) 749-2030

CR2E034 (9/01)