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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000040958 (7)

JGR UNIVERSAL AUTO CORP.

Principal Place of Business Mailing Address 451 N.E. 207 LANE 451 N.E. 207 LANE BUILDING 2. UNIT 103 BUILDING 2, UNIT 103 N. MIAMI BEACH FL 33179 N. MIAMI BEACH FL 33179 3. Date Incorporated or Qualified 3a. Date of Last Report 05/24/1995 Applied For 2a. Mailing Address 2. Principal Place of Business 65-0587481 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State m Trust Fund Contribution Added to Fees 23 28 Country Country B. This corporation has liability for intangible tax under s 199.032, Zю ☐ Yes ☐ No Florida Statutes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SHERMAN, RONALD I Street Address (P.O. Box Number is Not Acceptable) 451 N.E. 207 LANE 83 **BUILDING 2. UNIT 103** N. MIAMI BEACH FL 33179 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agont and title it applicable (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition DELETE 1 1 TITLE TITLE CR2E034 1.2 NAME NAME SHERMAN, RONALD I 1.3 STREET ADDRESS STREET ADDRESS 451 N.E. 207 LANE, BLDG. 2, UNIT 103 N. MIAMI BEACH FL 33179 1.4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2. 1 TITLE THILE 2 2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP OrTY-ST-ZIP DELETE ■ Addition 3 1 TITLE TITLE 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS 34 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4. 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-7iP CITY-S1-ZIP Addition DELETE Change 5 1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS **5 3 STREET ADDRESS**

5 4 CITY - ST - ZIP

6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

SIGNATURE:

CITY - ST - ZIE

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAM.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 13 if changed, or on an attachment with an address.

☐ Change

Addition