

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

0340515 AV

DOCUMENT # P95000078545

1. Entity Name
PREMIER AUTOMOTIVE SERVICES, INC.

03-06-2002 90040 016 ***150.00

Principal Place of Business

5524 S. FLMAINGO ROAD
 COOPER CITY FL 33330
 US

Mailing Address

5524 S. FLAMINGO ROAD
 COOPER CITY FL 33330
 US

507434



2. Principal Place of Business

5524 S. FLAMINGO ROAD
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 COOPER CITY, FL

Zip
 33330

Country
 USA

City & State

Zip

Country

4. FEI Number

65-0624206

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLEIMAN, M. SCOTT
 7320 GRIFFIN ROAD
 SUITE 109
 DAVIE FL 33314

7. Name and Address of New Registered Agent

Name KLEIMAN M SCOTT
Street Address (P.O. Box Number is Not Acceptable) 7320 GRIFFIN ROAD
Suite 109
City DAVIE **FL** **Zip Code** 33314

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

TITLE	PS	<input type="checkbox"/> Delete
NAME	MANN, DAVID M	
STREET ADDRESS	5524 SOUTH FLAMINGO ROAD	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	MANN, JUDITH L	<input checked="" type="checkbox"/> Delete
NAME	MANN, JUDITH L	
STREET ADDRESS	5524 SOUTH FLAMINGO ROAD	
CITY-ST-ZIP	COOPER CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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STREET ADDRESS		
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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:

DAVID M. MANN Pres. 2-2202 954 680-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)