

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
 05-24-2002 91278 035 ***150.00

02/24/02 AV

DOCUMENT # P95000091491

1. Entity Name
CAR PLAZA OF MIAMI, INC.

Principal Place of Business
**8360 W. OAKLAND PARK BLVD., STE. 201
 SUNRISE FL 33351**

Mailing Address
**8360 W. OAKLAND PARK BLVD., STE. 201
 SUNRISE FL 33351**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0622101**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**ARIE MREJEN, 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. ☐

**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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **KADOCH, DAVID**
 CITY-ST-ZIP **8360 W. OAKLAND PARK BLVD., STE. 201**
SUNRISE FL

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

TITLE ☐ Delete
 NAME **DT**
 STREET ADDRESS **ZOUR, ISRAEL**
 CITY-ST-ZIP **12700 N BISCAYNE BLVD., #202**
N MIAMI FL

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **YARNELL, KEITH**
 CITY-ST-ZIP **2150 NW 12TH ST**
DELRAY BEACH FL 33445

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

TITLE ☐ Delete
 NAME **DV**
 STREET ADDRESS **MENDIOLA, JOSE**
 CITY-ST-ZIP **1431 SW 82ND AVE**
PLANTATION FL 33324

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

TITLE ☐ Delete
 NAME **DV**
 STREET ADDRESS **BENHORIN, YEHUDA**
 CITY-ST-ZIP **21321 NE 19TH AVE**
NO. MIAMI BEACH FL 33179

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

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **CAST ANEDA, JAMES**
 CITY-ST-ZIP **1750 SE 3RD ST**
POMPANO BEACH FL 33060

TITLE ☐ Change ☐ 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 REQUIRED
ISRAEL ZOUR
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)