

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90263 039 ***150.00

DOCUMENT # P96000021890

1. Entity Name
PHOENIX AUTO SALES, INC.



Principal Place of Business
2025 NW 36 STREET
MIAMI FL 33142

Mailing Address
2025 NW 36 STREET
MIAMI FL 33142

90002961



2. Principal Place of Business

2025 NW 36 ST

3. Mailing Address

2025 NW 36 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0648491

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAPLIN, DANIEL
28 WEST FLAGLER STREET
12TH FLOOR
MIAMI FL 33130

7. Name and Address of New Registered Agent

Daniel Kaplan
2875 NE 191 ST
A 500
VENTURA FL 33180

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

1-13-03

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

TITLE **VP/STANDARD**
NAME **NORRIS, LORI C**
STREET ADDRESS **20594 N.E. 6 CT.**
CITY-ST-ZIP **MIAMI FL 33179**

☐ Delete

TITLE **P/S**
NAME **NORRIS, ROBERT C**
STREET ADDRESS **20594 N.E. 6 CT.**
CITY-ST-ZIP **MIAMI FL**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

☐ Change ☐ Addition

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:

JOINED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-03 9926670

CR2E034 (10/02)