

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90024 034 ***150.00

03/24/02 8:00 AM

DOCUMENT # P96000049586

1. Entity Name

AMERICAN MUSCLE CARS CORPORATION, INC.

Principal Place of Business

**20423 STATE ROAD 7 #427
 BOCA RATON FL 33498**

Mailing Address

**20423 STATE ROAD 7 #427
 BOCA RATON FL 33498**

B0047217



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6574 NO. STATE ROAD 7

3. Mailing Address

6574 NO. STATE ROAD 7

Suite, Apt., etc.

427

Suite, Apt., etc.

427

City & State

COCONUT CREEK, FL

City & State

COCONUT CREEK, FL

4. FEI Number

65-0679777

Applied For

Not Applicable

Zip

Country

33073 BROWARD

Zip

Country

33073 BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, PAUL

20423 STATE ROAD 7 #427

BOCA RATON FL 33498

7. Name and Address of New Registered Agent

Name

MARIA ALEXANDER

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

6574 NO. STATE ROAD 7

427

City

COCONUT CREEK

FL

Zip Code

33073

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]

MARIA ALEXANDER, Pres 03/11/02

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 **DPTS** ☒ Delete
 NAME **PAUL ALEXANDER**
 STREET ADDRESS **20423 STATE RD. 7 #427**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition
 NAME **DPTS**
 STREET ADDRESS **MARIA ALEXANDER**
 CITY-ST-ZIP **6574 NO STATE ROAD 7 #427**
COCONUT CREEK, FL 33073

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

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

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

MARIA ALEXANDER 03/11/02 345-9510
 Date Daytime Phone #

CR2E034 (9/01)