

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90008 043 ***150.00

0288231 AV

DOCUMENT # P96000081842

1. Entity Name
BOBBY MOORE'S CHAMPION MOTORS, INC.

Principal Place of Business
19501 BISCAYNE BLVD
SUITE 400
AVENTURA FL 33180
US

Mailing Address
19501 BISCAYNE BLVD
SUITE 400
AVENTURA FL 33180
US

931108



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3030 NE 188 ST.

3. Mailing Address
3030 NE 188 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
AVENTURA, FL

City & State
AVENTURA, FL

4. FEI Number **65-0698483**

Applied For
 Not Applicable

Zip
33180

Country
US

Zip
33180

Country
US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROMINE, MARIO
19501 BISCAYNE BLVD
SUITE 400
AVENTURA FL 33180

7. Name and Address of New Registered Agent

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. ☐
 (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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P
MOORE, BOBBY ☒ Delete
19501 BISCAYNE BLVD, SUITE 400
AVENTURA FL 33180

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VP
MOORE, JOANNE ☒ Delete
19501 BISCAYNE BLVD, SUITE 400
AVENTURA FL 33180

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PS
JOHN L. TOMLINSON ☐ Change ☒ Addition
3030 NE 188 ST.
AVENTURA, FL 33180

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VP
MICHAEL D. THOMAS ☐ Change ☒ Addition
3030 NE 188 ST.
AVENTURA, FL 33180

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/02 **305-931-3157**
 Date Daytime Phone #

CR2E034 (9/01)