

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000095359

1. Entity Name

CAR PLAZA OF WEST PALM BEACH, INC.

Principal Place of Business

8360 WEST OAKLAND PARK BLVD.
SUITE 201
SUNRISE FL 33351

Mailing Address

8360 WEST OAKLAND PARK BLVD.
SUITE 201
SUNRISE FL 33351-7338

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0708866

Applied For

Not Applicable

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 ROAD
SUITE 302
FORT 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.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 DP
NAME KADOCH, DAVID
STREET ADDRESS 8360 WEST OAKLAND PARK BLVD., SUITE 201
CITY-ST-ZIP SUNRISE FL ☐ Delete

TITLE DIV
NAME MEHDIOLA, JOSE
STREET ADDRESS 1431 SW 82 AVE
CITY-ST-ZIP PLANTATION, FL ☐ Change ☒ Addition

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

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

TITLE S
NAME TIROSH, ZIU
STREET ADDRESS 210 174TH ST
CITY-ST-ZIP N. MIAMI BEACH FL 33180 ☐ Delete

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

TITLE P
NAME MCPHEE, FRANK
STREET ADDRESS 7700 HIGHLAND CIR
CITY-ST-ZIP MARSETTE FL 33963 ☒ Delete

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

TITLE P
NAME KNITTLE, JEFF
STREET ADDRESS 16503 DIAMOND PLACE
CITY-ST-ZIP WESTON FL 33331 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90186 005 ***150.00



DO NOT WRITE IN THIS SPACE

FILED

CR