

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000095359

1. Entity Name

CAR PLAZA OF WEST PALM BEACH, INC. ✓

**FILED**  
Sep 14, 2001 8:00 am  
Secretary of State

09-14-2001 90028 038 \*\*\*550.00

A0085963



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

8360 WEST OAKLAND PARK BLVD.  
SUITE 201  
SUNRISE FL 33351

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SUITE 201  
SUNRISE FL 33351

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, 2001 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 ☐ Delete  
STREET ADDRESS 8360 WEST OAKLAND PARK BLVD., SUITE 201  
CITY-ST-ZIP SUNRISE FL

TITLE DV ☒ Change ☐ Addition  
NAME MEN DIOLA, Jose  
STREET ADDRESS 2425 NW 139th Ave  
CITY-ST-ZIP Sunrise, FL 33323

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

TITLE D ☐ Change ☒ Addition  
NAME YARNELL, Keith  
STREET ADDRESS 2150 NW 12th ST.  
CITY-ST-ZIP Delray Beach, FL 33445

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

TITLE DV ☐ Change ☒ Addition  
NAME Ben Horin, Jehuda  
STREET ADDRESS 21321 NE 19th Ave  
CITY-ST-ZIP No. Miami Beach, FL 33179

TITLE DV ☒ Delete  
NAME MEWDIOLA, JOSE  
STREET ADDRESS 1431 SW 82 AVE  
CITY-ST-ZIP PLANTATION FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME James Castaneda  
STREET ADDRESS 1750 SE 3rd ST.  
CITY-ST-ZIP Pompano Beach, FL 33060

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition  
NAME Heatley Mandy  
STREET ADDRESS 4402 NW 5th St  
CITY-ST-ZIP Pompano Beach, FL 33064

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 #

CR2E034 (10/00)