

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91278 021 \*\*\*150.00

**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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0708866**

Applied For  
 Not Applicable

Zip Country

Zip Country

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DP	<b>KADOCH, DAVID</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>8360 WEST OAKLAND PARK BLVD., SUITE 201</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL</b>	CITY-ST-ZIP	
DT	<b>ZOUR, ISRAEL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>12700 N BISCAYNE BLVD., #202</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>N MIAMI FL</b>	CITY-ST-ZIP	
D	<b>YARNELL, KEITH</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>2150 N W 12TH ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>	CITY-ST-ZIP	
DV	<b>MENDIOLA, JOSE</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>2425 N W 139TH AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL 33323</b>	CITY-ST-ZIP	
DV	<b>BEN HORIN, YEHUDA</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>21321 N E 19TH AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33179</b>	CITY-ST-ZIP	
D	<b>CASTANEDA, JAMES</b>	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>1750 S E 3RD ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33060</b>	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:** ISRAEL ZOUR **DIRECTOR** 04/29/02 (954) 749-2030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)