

# 2002 UNIFORM BUSINESS REPORT (UBR).

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90295 001 \*\*\*150.00

**DOCUMENT #** P97000008179

**1. Entity Name**  
 Del RICA AUTO SALES, INC.

**Principal Place of Business** 2029 NW 46 Avenue  
 403-D  
 LAUDERHILL, FL 33313

**Mailing Address** 2029 NW 46 Ave 403D  
 LAUDERHILL, FL 33313

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip Country

**4. FEI Number** 650723272

Applied For ☐ Not Applicable ☒

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

**6. Name and Address of Current Registered Agent**

GRAY, VANESSA  
 2029 NW 46 Avenue 403D  
 LAUDERHILL, FL 33313

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐ (See criteria on back)

**FILE NOW!!! FEES \$150.00**  
 After May 1, 2002, Fee will be \$450.00  
 More Copies Available 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	AD GRAY, VANESSA 2029 NW 46 Avenue 403D LAUDERHILL, FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** Lancaster Grace **4/26/02** **954-486-5556**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #

CR2E034 (9/01)