

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90096 026 ***150.00

DOCUMENT # P97000014362

1. Entity Name
JPR POWER BRAKE SERVICE INC.

Principal Place of Business
199 NE 32ND CT.
OAKLAND PARK FL 33334
US

Mailing Address
199 NE 32ND CT
OAKLAND PARK FL 33334
US

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 **65-0768377**

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

LARUSSO, JAMES P

~~9080 TALWAY CIRCLE~~

~~BOYNTON BEACH FL 33437~~

Name

Street Address (P.O. Box Number is Not Acceptable)

322 ASBURY WAY
BOYNTON BEACH FL 33426

City

FL

Zip Code

33426

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **LARUSSO, JAMES**
STREET ADDRESS ~~**9080 TALWAY CIRCLE**~~
CITY-ST-ZIP ~~**BOYNTON BEACH FL 33437**~~

☒ Change ☐ Addition
TITLE
NAME **322 ASBURY WAY**
STREET ADDRESS **BOYNTON BEACH FL 33426**
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **GRAY, PETER**
STREET ADDRESS **7762 ORLEANS STREET**
CITY-ST-ZIP **MIRAMAR FL 33023**

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

TITLE ☐ Delete
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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: Peter Gray **Peter Gray** **President** **4/10/02** **954 566-3611**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)