2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000077484 **DOCUMENT #**

1. Entity Name

CAR PLAZA OF BROWARD BLVD., INC.



FILED Apr 28, 2003 8:00 am Secretary of State

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2. Principal Place of Blushess S. Mailling Actives Suito, Apt #, etc. City & State City & City & State City & City & State City & City & City & State City & Ci	Principal Place of Business 2400 A WEST BROWARD BLVD FT LAUDERDALE FL 33312		Mailing Address 8360 WEST OAKLAND PARK BLVD. SUITE 201 SUNRISE FL 33351							
City & State City & State City & State City & State A. FEI Number 65-0780829 S. S. Sandard School Scho	2. Principal Place of Business 3. N		3. Mailing Address	. Mailing Address		N SORVINDS IN STRICT IN THE ROUTE OF THE		1 1001 B.UBI	ENCEL MEINT ENEMF	
Type Country Zip Country 5: Certificate of Status Desirato	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
S. Name and Address of Current Registered Agent MREJEN, ARIE P.A. 701 W. CYPRESS CREEK ROAD SUITE 302 FORT LAUDERDALE FL 33309 8. The above named entity submits this statement for the purpose of changing its registered difficor or registered agent. or both, in the State of Florida. 7 and harmllar with, and accept him obligations of registered agent. Or both, in the State of Florida. 7 and harmllar with, and accept him obligations of registered agent. Or both, in the State of Florida. 7 and harmllar with, and accept him obligations of registered agent. Or both, in the State of Florida. 7 and harmllar with, and accept him obligations of registered agent. Or both, in the State of Florida. 7 and harmllar with, and accept him obligations of registered agent. Or both, in the State of Florida. 7 and harmllar with, and accept him obligations registered agent. Or both, in the State of Florida. 7 and harmllar with, and accept him obligations registered agent. Or both, in the State of Florida. 7 and harmllar with, and accept him obligations registered agent. Or both, in the State of Florida. 7 and harmllar with, and accept him obligations registered agent. Or both, in the State of Florida. 7 and harmllar with, and accept him obligations registered agent. Or both, in the State of Florida. 7 and harmllar with, and accept him obligations registered agent. Or both, in the State of Florida. 7 and harmllar with, and accept him obligations registered agent. Or both, in the State of Florida. 7 and harmllar with, and accept him obligations registered agent. Or both, in the State of Florida. 7 and harmllar with, and accept him obligations registered agent. Or both, in the State of Florida. 7 and harmllar with, and accept him obligations registered agent. Or both, in the State of Florida. 7 and harmllar with, and accept him obligations registered agent. Or both, in the State of Florida. 7 and harmllar with, and accept him obligations registered agent. Or both, in the State of Florida. 7 and harmllar with, and accept him obligation	City & State		City & State		4.	4. FEI Number 65-0780829				7
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MREJEN, ARIE P.A. 701 W. CYPRESS CREEK ROAD SUITE 302 FORT LAUDERDALE FL 33309 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 Forida. I am familiar with, and incept the purpose of changing its registered define or registered agent, or both, in the State of Forida. I am familiar with, and incept the purpose of registered agent agent agent with a statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and incept the purpose of registered agent agent agent with a statement of the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and incept the purpose of registered agent agen		6. Name and Address of Current	Registered Agent		7.	Name and Address of New Re	gistered Ag	ent		1
Steel Address (P.C. Box Number is Not Acceptable) FORT LAUDERDALE FL 33309 6. The above named entity submits this sistement for the purpose of changing lits registered algent, or both, in the State of Forida. I am familiar with, and accept in proceed agent. SignATURE SignATURE SignALE L NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II. MAKE SINER ADDRESS SINER AD				Na	ne					7
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B. 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. I am familiar with, and accept all the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept all the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept all the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept all the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept all the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept all the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept all the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept all the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept all the purpose of change agent, or both, in the State of Florida. I am familiar with, and accept all the purpose of change agent, or both, in the State of Florida. I am familiar with, and accept all the purpose of Florida agent, or both, in the State of Florida. I am familiar with, and accept agent all the purpose of Florida agent, or both, in the State of Florida. I am familiar with, and accept agent all the purpose of Florida agent all the purpose of Florida agent all the purpose of Florida Agent agent a				City				Zin Coc	le	┨
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PEOURERASI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/03