

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90066 041 \*\*\*150.00

**DOCUMENT # P97000087685**

1. Entity Name  
**JSL AUTOMOTIVE, INC.**

Principal Place of Business  
**20 NORTH ORANGE AVENUE  
 SUITE 1000  
 ORLANDO FL 32801-4626**

Mailing Address  
**3801 W SUNRISE BLVD  
 FORT LAUDERDALE FL 33311**

2. Principal Place of Business  
**1000 North Federal Highway**

3. Mailing Address  
**1000 North Federal Highway**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Pompano Beach, FL**

City & State  
**Pompano Beach, FL**

4. FEI Number **65-0787140**

Applied For  
 Not Applicable

Zip  
**33062**

Country

Zip  
**33062**

Country

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

## 6. Name and Address of Current Registered Agent

**HUMPHRIES, J G  
 SHUTTS & BOWEN LLP  
 300 S ORANGE AVE STE 1000  
 ORLANDO FL 32801-4956**

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

## 11. OFFICERS AND DIRECTORS

TITLE **DVS** ☐ Delete  
 NAME **SMITH, PHILIP P**  
 STREET ADDRESS **3801 W. SUNRISE BLVD.**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33311**

TITLE **DP** ☒ Delete  
 NAME **LIU, TAK**  
 STREET ADDRESS **200 E. SUNRISE BLVD**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33304**

TITLE **DVTC** ☐ Delete  
 NAME **DAYHOFF, MICHAEL R**  
 STREET ADDRESS **3801 W. SUNRISE BLVD**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE **AS** ☐ Delete  
 NAME **DAYHOFF, MICHAEL R**  
 STREET ADDRESS **3801 W SUNRISE BLVD**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE **DPS** ☒ Change ☐ Addition  
 NAME **Smith, Philip P**  
 STREET ADDRESS **1000 North Federal Highway**  
 CITY-ST-ZIP **Pompano Beach, Florida 33062**

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

TITLE **DVT** ☒ Change ☐ Addition  
 NAME **Dayhoff, Michael R.**  
 STREET ADDRESS **1000 North Federal Highway**  
 CITY-ST-ZIP **Pompano Beach, Florida 33062**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1000 North Federal Highway**  
 CITY-ST-ZIP **Pompano Beach, Florida 33062**

TITLE **V** ☐ Change ☒ Addition  
 NAME **Lakhani, Mansoor**  
 STREET ADDRESS **1000 North Federal Highway**  
 CITY-ST-ZIP **Pompano Beach, Florida 33062**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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: Michael R. Dayhoff **Michael R. Dayhoff, Director** 954-867-1234  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)