2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an addre

Feb 26, 2002 8:00 am Secretary of State P98000007330 DOCUMENT # 1. Entity Name FLORIDA AUTO BODY NORTH, INC. 02-26-2002 90079 040 ***150.00 Principal Place of Business Mailing Address 2187 NORTH STATE ROAD 7 2187 NORTH STATE ROAD 7 MARGATE FL 33063 MARGATE FL 33063 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 66-0807083 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SUPPE, STEVEN R Street Address (P.O. Box Number is Not Acceptable) 2187 NORTH STATE ROAD 7 MARGATE FL 33063 Zip Code City FL 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 il applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See cateria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change CR2E034 (9/01) Delete TITLE suppe, James 3141 coconut Creek Blud. TITLE SUPPE, JAMES NAME NAME 825 N.W. 61ST STREET STREET ADDRESS STREET ADDRESS Coconut Creek, FL 33066 FORT LAUDERDALE FL 33309 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Suppe, Erminia 3771 COCONUT Creek Blud. NAME SUPPE, ERMINIA A NAME 825 N.W. 61ST STREET STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33309 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME SUPPE, STEVEN R NAME STREET ADDRESS STREET ADDRESS 6060 NW 72 CT. CITY-ST-ZIP CITY-ST-ZIP PARKLAND FL 33067 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 the 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 in the corporation of 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 in the corporation of the receiver of of the receiv

wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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