

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000031461**

1. Entity Name

CAR PLAZA OF PLANTATION, INC.**FILED****May 15, 2000 8:00 am**
Secretary of State

05-15-2000 90186 021 ***150.00

Principal Place of Business

**600 N STATE RD 7
PLANTATION FL 33317**

Mailing Address

**8360 WEST OAKLAND PARK BLVD SUITE 201
SUNRISE FL 33351-7338**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0883081

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ARIE MREJEN, P.A.
701 W CYPRESS CREEK RD SUITE 302
FORT LAUDERDALE FL 33309**

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KADOCH, DAVID
8360 WEST OAKLAND PARK BLVD SUITE 201
SUNRISE FL 33351** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIP ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MCPHEE, FRANK
7700 HIGHLANDS CIR
MARGATE FL 33063** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
TIROSH, ZIV
210 176 ST
NORTH MIAMI BEACH FL 33180** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
KNITTLE, JEFF
16500 DIAMOND PLACE
WESTON FL** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MENDIOLA, JOSE
1431 SW 82 AVE
PLANTATION FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIV ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
ZOUR, ISRAEL
12700 BISCAYNE BLVD
NORTH MIAMI FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ISRAEL ZOUR D/T

Date

4/28/00

Daytime Phone #

(954) 749-2030