

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031461

1. Entity Name

CAR PLAZA OF PLANTATION, INC.

**FILED**  
**Sep 14, 2001 8:00 am**  
**Secretary of State**

09-14-2001 90028 036 \*\*\*550.00

Principal Place of Business

600 N STATE RD 7  
 PLANTATION FL 33317

Mailing Address

8360 WEST OAKLAND PARK BLVD SUITE 201  
 SUNRISE FL 33351

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 65-0883081

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

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, 2001 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 D ☐ Delete  
 NAME KADOCH, DAVID  
 STREET ADDRESS 8360 WEST OAKLAND PARK BLVD SUITE 201  
 CITY-ST-ZIP SUNRISE FL 33351

TITLE D ☐ Change ☒ Addition  
 NAME Darnell, Keith  
 STREET ADDRESS 2150 NW 12th ST.  
 CITY-ST-ZIP Delray Beach, FL 33448

TITLE S ☒ Delete  
 NAME TIROSH, ZIV  
 STREET ADDRESS 210 176 ST  
 CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

TITLE DV ☐ Change ☒ Addition  
 NAME Ben Horin, Yehuda  
 STREET ADDRESS 21321 NE 19th Ave  
 CITY-ST-ZIP North Miami Beach, FL 33179

TITLE DIV ☐ Delete  
 NAME MENDIOLA, JOSE  
 STREET ADDRESS 1431 SW 82 AVE  
 CITY-ST-ZIP PLANTATION FL

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

TITLE DT ☐ Delete  
 NAME ZOUR, ISRAEL  
 STREET ADDRESS 12700 BISCAYNE BLVD  
 CITY-ST-ZIP NORTH MIAMI FL

TITLE D ☐ Change ☒ Addition  
 NAME Castaneda, James  
 STREET ADDRESS 1750 SE 3rd St.  
 CITY-ST-ZIP Pompano Beach, FL 33060

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition  
 NAME Heatley Mandy  
 STREET ADDRESS 4402 NW 5th Ave  
 CITY-ST-ZIP Pompano Beach, FL 33064

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ISRAEL ZOUR DTR 09/11/01 (950) 749-2030

CR2E034 (10/00)