FILED
Sep 21, 2001 8:00 am
Secretary of State

08-08-2001 90141 013 ***150.00
09-21-2001 90006 032 ***400.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 98000091140

1. Entity Name
Automotive Reconditioning Spec Inc

(UR)

Principal Place of Business: 2000 Bmbld D / D1 / Margate, Fl 33063
Mailing Address: Same

[redacted]

2. Principal Place of Business	3. Mailing Address
2000 Bmb Rd D1	2000 Bmbld D1
Suite, Apt. #, etc: D1	Suite, Apt. #, etc: D1
City & State: Margate, Fla	City & State: Margate, Fl.
Zip: 33063 Country: USA	Zip: 33063 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 650870916 — 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
Name: Shaheed Hosein
Street Address (P.O. Box Number is Not Acceptable)
City: Coconut Creek FL Zip Code: 33073

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: Shahood Hosein
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

		☐ Delete
TITLE	PRESIDENT	
NAME	Shaheed Hosein	
STREET ADDRESS	2000 Bmbld D1	
CITY-ST-ZIP	Margate, Fl 33063	
TITLE	CEO	☐ Delete
NAME	Richard Moto	
STREET ADDRESS	2000 Bmbld D1	
CITY-ST-ZIP	Margate, Fl 33063	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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TITLE		☐ Delete
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CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (11/00)

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: Shahood Hosein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR