

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091140

1. Entity Name

AUTOMOTIVE RECONDITIONING SPECIALIST, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90169 012 ***150.00

Principal Place of Business

2000 BANKS RD
#D-1
MARGATE FL 33063

Mailing Address

P O BOX 934665
COCONUT CREEK FL 33093



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2000 Banks RD D-1
Suite, Apt. #, etc.
D-1

3. Mailing Address

2000 Banks Road
Suite, Apt. #, etc.
D-1

City & State

Margate, FL

City & State

Margate, FL

4. FEI Number

65-0870916

Applied For

Not Applicable

Zip

33063

Country

United States

Zip

33063

Country

United States

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HASEIN, SHAHEED
2000 BANKS RD
D-1
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name: Richard Noto
Street Address (P.O. Box Number is Not Acceptable):
200 Banks Road
D-1
City: Margate FL Zip Code: 33063

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: Richard Noto, CEO

1-9-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8. 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

NAME	CEO	<input type="checkbox"/> Delete
STREET ADDRESS	NOTO, RICHARD A	
CITY-ST-ZIP	200 BANKS ROAD D-1	
	MARGATE FL 33063	
NAME	DVP	<input type="checkbox"/> Delete
STREET ADDRESS	HOSEIN, SHAHEED	
CITY-ST-ZIP	2000 BANKS ROAD D-1	
	MARGATE FL 33063	
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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] CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/02 954 979 9438

Date

Daytime Phone #

CR2E034 (9/01)