

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091497

1. Entity Name

CAR PLAZA CENTER, INC.

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

09-14-2001 90028 033 ***550.00

Principal Place of Business

2838-2840 N STATE RD 7
 HOLLYWOOD FL 33021

Mailing Address

C/O 8360 W OAKLAND PARK BLVD. STE 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 65-0879902

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.
 704 W CYPRESS CREEK RD., STE 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	DP	<input type="checkbox"/> Delete
NAME	KADOCH, DAVID	
STREET ADDRESS	C/O 8360 W OAKLAND PARK BLVD, STE 201	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TIROSA, ZIV	
STREET ADDRESS	210 174 ST	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MENDIOLA, JOSE	
STREET ADDRESS	1431 SW 82 AVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ZOUR, ISRAEL	
STREET ADDRESS	12700 BISCAYNE BLVD	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yarnell Keith	
STREET ADDRESS	2150 NW 12th St.	
CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ben Horin Yehuda	
STREET ADDRESS	21321 NE 19th Ave	
CITY-ST-ZIP	No Miami Beach, FL 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Castaneda, James	
STREET ADDRESS	1750 SE 3rd St	
CITY-ST-ZIP	Pompano Beach, FL 33060	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Heasley, Mandy	
STREET ADDRESS	4402 NW 5th Ave	
CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 DT 09/11/01 (954) 749-2030

CR2E034 (10/00)