

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90091 001 ***150.00
04-21-2000 90091 002 *****8.75

8679



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000102444

1. Entity Name

FOREIGN CAR STORE, INC.

Principal Place of Business

Mailing Address

6650 HWY. 17-92
FERN PARK FL 32730

6650 HWY. 17-92
FERN PARK FL 32730

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3544353

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAHME, RAFFOUL
10 AUTUMNWOOD TRAIL
DELAND FL 32724

7. Name and Address of New Registered Agent

Name **ROSARIO, Norida**

Street Address (P.O. Box Number is Not Acceptable)

367 Masson Court

City **Winter Springs**

FL

Zip Code **32708**

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

Norida Rosario

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/2000

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 **P** ☐ Delete
NAME **RAHME, RAFFOUL**
STREET ADDRESS **10 AUTUMN WOOD TR**
CITY-ST-ZIP **DELAND FL**

TITLE **Vice-President** ☐ Change ☒ Addition
NAME **Rosario, Norida**
STREET ADDRESS **367 Masson Ct.**
CITY-ST-ZIP **Winter Springs, FL 32708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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:

Raffoul
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/2000
Date

(407)831-5678
Daytime Phone #

CR2E034 (9/99)