

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90001 009 ***150.00

DOCUMENT # P99000071748

1. Entity Name

PRINCESS K. GENERAL USED AUTO AND TRUCK SALES, INC.

Principal Place of Business

**9920 NW 7TH AVENUE
 MIAMI FL 33150**

Mailing Address

**9920 NW 7TH AVENUE
 MIAMI FL 33150**

428092



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0959658

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DOUGLAS ISENBERG, P.A.
 10800 BISCAYNE BLVD., SUITE 620
 MIAMI FL 33161**

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)

3/19/02
 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **FLEURINOR, JEAN**
 STREET ADDRESS **9920 NW 7TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33150**

TITLE **President** ☐ Change ☒ Addition
 NAME **SAMUEL J. JOCELYN**
 STREET ADDRESS **70 NW 189th**
 CITY-ST-ZIP **MIAMI, Florida 33169**

TITLE **P** ☒ Delete
 NAME **Fleurinor, Jean**
 STREET ADDRESS **9920 NW 7th Avenue**
 CITY-ST-ZIP **MIAMI FL 33150**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-02 **305-899-8899**
 Date Daytime Phone #

CR2E034 (9/01)