

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business  
682 NW 112<sup>th</sup> ST.  
Suite, Apt. #, etc.

3. Mailing Address  
c/o DCS, INC  
Suite, Apt. #, etc.  
7537 NW 7<sup>th</sup> AVE.



☐ CHECK HERE IF MAKING CHANGES

City & State  
MIAMI, FLORIDA

City & State  
MIAMI, FLORIDA

4. FEI Number  
65-0958658

Applied For  
Not Applicable

Zip  
33168  
Country  
U.S.A

Zip  
33150  
Country  
U.S.A

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

Name  
DEALER CONSULTING SERVICES, INC  
Street Address (P.O. Box Number is Not Acceptable)  
7537 NW 7<sup>th</sup> AVENUE  
City MIAMI FL Zip Code 33150

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature of person named name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/25/03

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$350.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> P	<input type="checkbox"/> Delete
NAME	FLEURINOR, JEAN	
STREET ADDRESS	9920 NW 7TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33150	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JOCELYN, SAMUEL J	
STREET ADDRESS	70 NW 189TH	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH, GAMA	
STREET ADDRESS	4172 INVERRARY DRIVE	
CITY-ST-ZIP	LAUDERHILL, FL 33319	
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		

200023420692  
09/30/03--01037--008 \*\*150.00

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gama Joseph

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/03

DATE

(305) 216-9135

Daytime Phone #

CR2E034 (10/02)

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

682 NW 112<sup>TH</sup> Street  
Miami, Florida 33168

Department of State  
Division of Corporations  
UBR Section  
409 E. Gaines Street  
Tallahassee, Florida 32399


Re.: Document Number P99000071748

Dear Sir or Madam:

Enclosed please find a UBR form, which was downloaded from your web site for filing and a check in the amount of \$150.00. I hereby request to have the \$400.00 late fee waived, as my office did not receive the prior UBR notice.

I would like to thank you in advance for the prompt response to my request.

Sincerely,

  
Gama Joseph  
Director