

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90024 042 \*\*\*150.00

**DOCUMENT # P99000086999**

**1. Entity Name**  
**THE CORVETTE STOP, INC.**

**Principal Place of Business**

**20423 STATE ROAD 7 #427**  
**BOCA RATON FL 33498**

**Mailing Address**

**20423 STATE ROAD 7 #427**  
**BOCA RATON FL 33498**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**6574 NO. STATE ROAD 7**  
**# 427**

**3. Mailing Address**

**6574 NO. STATE ROAD 7**  
**# 427**

**City & State**  
**COCONUT CREEK, FL**

**City & State**  
**COCONUT CREEK, FL**

**4. FEI Number** **65-0951723**

**Applied For**  
**Not Applicable**

**Zip** **33073** **Country** **BROWARD**

**Zip** **33073** **Country** **BROWARD**

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

**6. Name and Address of Current Registered Agent**

**ALEXANDER, PAUL E**  
**20423 STATE ROAD 7**  
**427**  
**BOCA RATON FL 33498**

**7. Name and Address of New Registered Agent**

**Name** **MARIA Alexander**  
**Street Address (P.O. Box Number is Not Acceptable)** **6574 NO. STATE ROAD 7**  
**# 427**  
**City** **COCONUT CREEK FL** **Zip Code** **33073**

**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]* **MARIA Alexander, Pres.** **03/10/02**  
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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>DTS</b> <input checked="" type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>ALEXANDER, PAUL</b>
<b>STREET ADDRESS</b>	<b>20423 STATE ROAD 7 #427</b>
<b>CITY-ST-ZIP</b>	<b>BOCA RATON FL 33498</b>
<b>TITLE</b>	<b>DP</b> <input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>ALEXANDER, MARIA</b>
<b>STREET ADDRESS</b>	<b>20423 STATE ROAD 7 #427</b>
<b>CITY-ST-ZIP</b>	<b>BOCA RATON FL 33498</b>
<b>TITLE</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>DPTS</b>
<b>STREET ADDRESS</b>	<b>MARIA Alexander</b>
<b>CITY-ST-ZIP</b>	<b>6574 NO. STATE ROAD 7 #427</b> <b>COCONUT CREEK, FL 33073</b>
<b>TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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]* **MARIA Alexander** **03/11/02 (954) 345-9510**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)