

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
 04-04-2001 90051 015 ***150.00

0230830

DOCUMENT # S48516

1. Entity Name

A.G. CAR CO., INC.

Principal Place of Business

14100 BISCAYNE BLVD
 #7
 NORTH MIAMI FL 33181

Mailing Address

14100 BISCAYNE BLVD
 #7
 NORTH MIAMI FL 33181

2. Principal Place of Business

1895 NE 142ND ST

Suite, Apt. #, etc.

3. Mailing Address

1895 NE 142ND ST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NORTH MIAMI FL

City & State

NORTH MIAMI FL

4. FEI Number 65-0257071

Applied For

Not Applicable

Zip

Country

33181-1505

Zip

Country

33181-1505

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GIRARD, ARTHUR P
 14100 BISCAYNE BLVD
 #7
 N. MIAMI FL 33181

7. Name and Address of New Registered Agent

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 ARTHUR P GIRARD

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

(NOTE: Registered Agent signature required when reinstating)

3-2-01

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

TITLE **D** ☐ Delete
 NAME **GIRARD, ARTHUR P**
 STREET ADDRESS **14100 BISCAYNE BLVD #7**
 CITY-ST-ZIP **N. MIAMI FL 33181**

TITLE **VP** ☐ Delete
 NAME **GIRARD, MICHAEL J**
 STREET ADDRESS **14100 BISCAYNE BLVD #7**
 CITY-ST-ZIP **N. MIAMI FL 33181**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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: ARTHUR P GIRARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-01

305-9446560

Date

Daytime Phone #

CR2E034 (10/00)