

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90124 001 ***450.00

DOCUMENT # **S48516**

1. Entity Name
A.G. CAR CO., INC.

Principal Place of Business

1895 NE 142ND ST.

#7

MIAMI FL 33181-1505

Mailing Address

1895 NE 142ND ST.

#7

MIAMI FL 33181-1505



2. Principal Place of Business

1895 N.E. 142ND ST

Suite, Apt. #, etc.

NO

3. Mailing Address

9901 EAST BAY HARBOR DR

Suite, Apt. #, etc.

1

DO NOT WRITE IN THIS SPACE

City & State

NORTH MIAMI FL

City & State

BAY HARBOR ISLAND, FL

4. FEI Number

65-0257071

Applied For

Not Applicable

Zip

33181 1505

Country

Zip

33154

Country

DADE

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

GIRARD, ARTHUR P

14100 BISCAYNE BLVD

#7

N. MIAMI FL 33181

Name **GIRARD ARTHUR P**

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

9901 EAST BAY HARBOR DR STE #1

City **BAY HARBOR ISL FL** Zip Code **33154**

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 PRES**

Arthur P Girard Pres

1-15-02

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

TITLE **P** ☐ Change ☐ Addition
NAME **GIRARD ARTHUR P**
STREET ADDRESS **9901 EAST BAY HARBOR DR STE 1**
CITY-ST-ZIP **BAY HARBOR ISLAND, FL 33154**

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

TITLE **VP** ☐ Change ☐ Addition
NAME **GIRARD MICHAEL J**
STREET ADDRESS **9901 EAST BAY HARBOR DR STE 5**
CITY-ST-ZIP **BAY HARBOR ISLAND, FL 33154**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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:

Arthur P Girard Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-02 <3058641453>

Date

Daytime Phone #

CR2E034 (9/01)