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Apr 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mogham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V50872

(3)

1. Corporation Name

U-SAVE AUTO CARE, INC.

Principal Place of Business

Mailing Address

4525 W ATLANTIC AVE  
DELRAY BEACH FL 33445

4525 W ATLANTIC AVE  
DELRAY BEACH FL 33445-3834



3. Date Incorporated or Qualified

07/15/1992

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0347929

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAHAMIN, EFFIE  
4525 W ATLANTIC AVE  
DELRAY BEACH FL 33445

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

(NOTE: Registered agent signature required when reinstating)

DATE

3/4/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

D  
NAME RAHAMIN, EFFIE  
STREET ADDRESS 4525 W ATLANTIC AVE  
CITY-ST-ZIP DELRAY BEACH FL

1.1 TITLE ☐ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

2.1 TITLE

STREET ADDRESS

2.2 NAME

CITY-ST-ZIP

2.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

2.4 CITY-ST-ZIP

STREET ADDRESS

3.1 TITLE

CITY-ST-ZIP

3.2 NAME

TITLE ☐ DELETE

NAME

3.3 STREET ADDRESS

STREET ADDRESS

3.4 CITY-ST-ZIP

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

4.1 TITLE

STREET ADDRESS

4.2 NAME

CITY-ST-ZIP

4.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

4.4 CITY-ST-ZIP

STREET ADDRESS

5.1 TITLE

CITY-ST-ZIP

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

5.4 CITY-ST-ZIP

STREET ADDRESS

6.1 TITLE

CITY-ST-ZIP

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

6.4 CITY-ST-ZIP

STREET ADDRESS

6.5 STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

*[Signature]*

DATE 4/7/97

Date

Daytime Phone #

CR2E034 (9/96)