

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90026 002 ***150.00

0494855

DOCUMENT # 348055

1. Entity Name
CORAL GABLES AUTO SERVICE, INC.

Principal Place of Business Mailing Address
141 SAN LORENZO AVE. **141 SAN LORENZO AVE.**
CORAL GABLES FL 33146 **CORAL GABLES FL 33146**

A0006450



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
251 ALESIO AVE **251 ALESIO AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
CORAL GABLES FL 33134 **CORAL GABLES FL 33134**
33134 **DADE** **33134** **DADE**

4. FEI Number Applied For
59-1276062 Not Applicable

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

MONTEITH, LEE D.
509A SEAVIEW AVE.
CONCH KEY FL 33050-6723

Name: **MONTEITH, LEE D**
 Street Address (P.O. Box Number is Not Acceptable): **65 SEAVIEW AVE.**
 City: **CONCH KEY** **FL 33050**

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: Lee D. Monteith DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MONTEITH, BETTY 4525 SW 64TH LANE MIAMI, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MONTEITH BETTY 251 ALESIO AVE MIAMI FL 33134 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTEITH, LEE D 4525 SW 64TH AVE MIAMI, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTEITH LEE D 251 ALESIO AVE MIAMI FL 33134 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARROWS, JAY 18550 SW 93RD AVE MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 officers empowered.

SIGNATURE: Lee Monteith **LEE D MONTEITH** Date: **1-9-01** Daytime Phone #: **305 4438778**

CR2E034 (10/00)