FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
03 OCT 27 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 626451

1. Entity Name
ARPA AUTO CLINIC, INC.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03

2. Principal Place of Business	3. Mailing Address	4. FEI Number
2951 SW 72 AVE Suite, Apt. #, etc.	2951 SW 72 AVE Suite, Apt. #, etc.	59-1928946 ☐ Applied For ☐ Not Applicable
City & State: MIAMI FLORIDA Zip: 33155 Country: USA	City & State: MIAMI FLORIDA Zip: 33155 Country: USA	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MANUEL ESTAMPONI

Street Address (P.O. Box Number is Not Acceptable)
2951 SW 72ND AVE

City: MIAMI **FL** Zip Code: 33155

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ Manuel A Estamponi 10-10-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	MANUEL ESTAMPONI
STREET ADDRESS	2951 SW 72ND AVE.
CITY-ST-ZIP	MIAMI FL 33155

800024167018
10/27/03--01062--003 **150.00

DO NOT WRITE IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Manuel A Estamponi 10-10-03 305-262-7730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)

gr 10/20

ARPA AUTO CLINIC, INC.
2951 SW 72 AVENUE
MIAMI, FL 33155

October 9, 2003

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

REF: ARPA AUTO CLINIC, INC.
626451

Dear Sir or Madam:

Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of $ 150.00

Please advise.

Your cooperation is appreciated.

Sincerely,

Estamponi Manuel

EM/re