

**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

2. Principal Place of Business

2951 SW 72 AVE

Suite, Apt. #, etc.

3. Mailing Address

2951 SW 72 AVE

Suite, Apt. #, etc.

REINSTATEMENT

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

59-1928946

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

33155

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

**DO NOT WRITE
IN THIS SPACE**

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 fee 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

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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 power hereby empowered.

SIGNATURE:

MANUEL A. ESTAMPONI

Date

10-10-03

Daytime Phone #

305-262-7730

CR2E034B (12/02)

10/10/03

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:

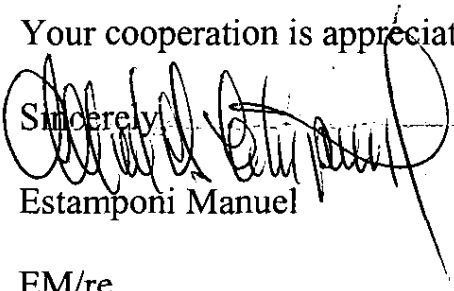
Please be advised that the above-mentioned corporation annual report was never received for timely submission.

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