2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H06722

1. Entity Name

G & C FOREIGN CAR REPAIR AND SALE, INC.



FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90486 011 ***150.00

				-	منتق					
Principal Place of Business 1900 N. DIXIE HIGHWAY WEST PALM BEACH FL 33407		Mailing Address 1900 N. DIXIE HIGHWAY WEST PALM BEACH FL 33407								
2. Principal Pl	ace of Business	3. Mailing Address					i i da irik dili dokio okiki ibrio iio	10 1181 01011 0101	I BIBLI BIBLI BI	Til Giðir ísat
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State	;	City & State				4. FEI Number 59-2418065				plied For t Applicable
Zip Country		Zip		Country		5 . Ce	rtificate of Status Desired		8.75 Add ee Required	
	6. Name and Address of Curren	Registered Agent				7. Name and Address of New Registered Agent				
 	1 Training and Training and Training			Name	200	-	-			1
CHANDLE		Street Address			Address ((P.O. Box Number is Not Acceptable)				
	DLAKE CIRCLE RES FL 33463			;		_ _ _				
				City				FL	Zip Code	
	named entity submits this statement ions of registered agent.	or the purpo	se of changing its	registered office of	or register	red agen	t, or both, in the State of Fid	orida. I am fa	miliar with,	and accept
ŞIGNATURE .	Signature, typed or printed name of registered ager	t and title if appli	cable. (NOTI	E: Registered Agent signs	ature required	d when reins	stating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							9. Election Campaign Fir Trust Fund Contribution			May Be to Fees
	OFFICERS ANI		38	I 11.		ADD	ITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
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CITY-ST-ZIP	1 22			0111-01-21	· · · · · · ·		10.07/2Vi\ Elorido Statutos	I further cer	ify that the	information

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRIVILED NAME OF CHANING OFFICER OR DIRECTOR

3/14/03

833-835 Davtime Phone *