

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90037 012 ***163.75

DOCUMENT # J03089

1. Entity Name
HARBOR AUTO CARE, INC.

Principal Place of Business 1504 A. S.W. 3RD STREET POMPANO BEACH FL 33069	Mailing Address 1504 A. S.W. 3RD STREET POMPANO BEACH FL 33069-3246
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2626933	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TETRO FRANK 8992 LAKE PARK CIRCLE SOUTH DAVIE FL 33328		7. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable): 4225 SW 134 AVE. City: DAVIE FL Zip Code: 33330	
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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 _____ 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. <input checked="" type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DP <input type="checkbox"/> Delete NAME: TETRO, WILLIAM A JR STREET ADDRESS: 3301 ISLAND RD CITY-ST-ZIP: COOPER CITY FL 33026		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Address Change ONLY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: 4225 S.W. 134 AVE. CITY-ST-ZIP: DAVIE, FL. 33330	
TITLE: DST <input type="checkbox"/> Delete NAME: TETRO, FRANK STREET ADDRESS: 8992 LAKE PARK CIRCLE S CITY-ST-ZIP: DAVIE FL 33328		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Address Change ONLY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: 4225 S.W. 134 AVE. CITY-ST-ZIP: DAVIE, FL. 33330	
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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 like empowered.

SIGNATURE: **FRANK TETRO** **1/6/00 (954) 785-7887**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)