

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000101669

1. Entity Name

Q40 Auto Repair, Inc.

FILED

02 APR 30 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900005501179--6

-05/09/02--01072--025

****300.00 ****300.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business

13861 SW 139 CT
Miami, FL 33186

Mailing Address

13861 SW 139 CT
Miami, FL 33186

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1050736

Applied For

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

Carlos E. Oyola
14313 SW 150 TER
Miami, FL 33186

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
If you MAY 7, 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 PD Carlos E. Oyola
STREET ADDRESS 14313 SW 150 TER
CITY - ST - ZIP Miami, FL 33186

☐ Delete

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NAME
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CITY - ST - ZIP

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlos Oyola Pres. 4/17/02 305
2312300

CR2E034 (11/00)

April 17, 2002

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

RE: C & O Auto Repairs, Inc.
P00000101669

To Whom It May Concern:

As per our telephone conversation with your agent, Michelle, we are writing to you to request a one-time waiver to renew the above corporation, along with a \$300 payment for the year 2001 and 2002, as instructed.

After speaking with Michelle, we realized that the annual report had been mailed to the wrong address. Our business address is: 13861 S.W. 139th Court, Miami, Florida 33186.

We would appreciate any help you can provide. Thanking you for your consideration.

Sincerely,



Carlos E. Oyola
President