

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90005 034 ***150.00

DOCUMENT # P97000057523

1. Entity Name

SMOG INSPECTION, INC.

Principal Place of Business

Mailing Address

4165 N.W. 132ND STREET
 BAY 1
 OPA-LOCKA FL 33054

4165 N.W. 132ND STREET
 BAY 1
 OPA-LOCKA FL 33054-4540

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0765507

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DAVALOS, RODNEY S
 1431 S.W. 86TH AVENUE
 PEMBROKE PINES FL 33025~~

Name **DAVALOS, RODNEY S.**

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

11360 South Point Dr.

City **COOPER CITY**

FL

Zip Code **33026**

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

RODNEY S. DAVALOS

3/20/00

(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
After MAY 1, 2000 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 Delete
 NAME ~~PSD CAVALOS, RODNEY S~~
 STREET ADDRESS ~~1431 S.W. 86TH AVENUE~~
 CITY-ST-ZIP ~~PEMBROKE PINES FL 33025~~

TITLE Change Addition
 NAME **PSD DAVALOS, RODNEY S.**
 STREET ADDRESS **11360 South Point Dr.**
 CITY-ST-ZIP **COOPER CITY, FL. 33026**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 CITY-ST-ZIP

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

3/20/00

Date

(305) 685-1323

Daytime Phone #

CR2E034 (9/99)