# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 13, 2002 8:00 am**
**Secretary of State**
05-13-2002 90095 048 ***150.00

DOCUMENT # P00000079571

1. Entity Name
Flagler Auto Repair, Inc.

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1690 SW 57 Ave | 782 NW Le Jeune Rd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. Suite 434 |
| City & State: Miami FL | City & State: Miami FL |
| Zip: 33155 Country: USA | Zip: 33126 Country: USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1034278 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: Antonio R Lopez, CPA

Street Address (P.O. Box Number is Not Acceptable): 782 NW Le Jeune Rd, Suite 434

City: Miami FL Zip Code: 33126

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) ☒

**January 1 - May 1, Fee Is $150.00**
**After May 1, Fee Is $550.00**
**Amended UBR Is $61.25**
**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

| | |
|---|---|
| TITLE | P |
| NAME | Juan M Hernandez |
| STREET ADDRESS | 5657 NW 6 Street |
| CITY-ST-ZIP | Miami FL 33134 |
| TITLE | V |
| NAME | Juan R Arrastia |
| STREET ADDRESS | 4110 SW 103 Ct |
| CITY-ST-ZIP | Miami FL 33165 |
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**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** X _____ 4/24/02 305-448-3323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Juan M Hernandez