2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

249374 DOCUMENT

1. Entity Name



MIAMI CLUTCH SERVICE INCORPORATED

Principal Place of Business 111 N.W. 20TH ST.

CRUZ, BENITO

111 NW 20 STREET **MIAMI FL 33127**

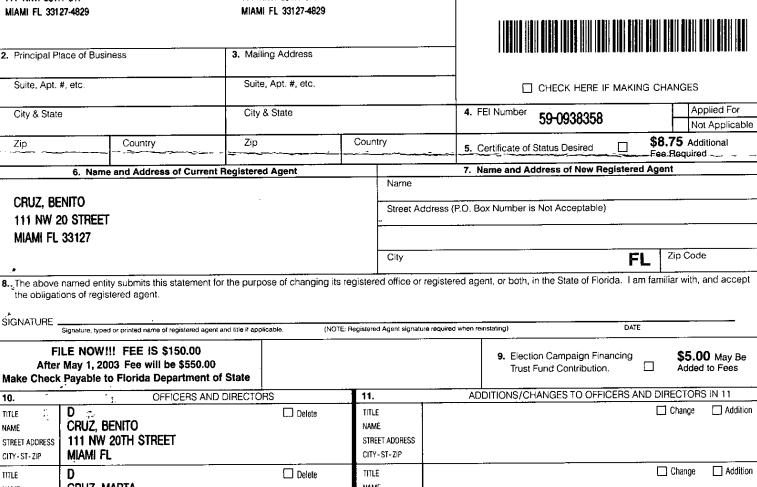
the obligations of registered agent.

Mailing Address 111 N.W. 20TH ST.

MIAMI FL 33127-4829		MIAMI FL 33127-4829			
2. Principal Place of Business		3. Mailing Addres	s		
Suite, Apt. #, etc.		Suite, Apt. #, et	c.		
City & State		City & State			
Zip	Country	Zip	Country		
	6. Name and Address of Cu	rrent Registered Agent	Name		

FILED Feb 04, 2003 8:00 am Secretary of State

02-04-2003 90104 027 ***150.00



SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Finan Trust Fund Contribution.	☐ Added	0 May Be I to Fees	
10.	OFFICERS AND DIRECTO	RS	11.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS	3 IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	D :: CRUZ, BENITO 111 NW 20TH STREET MIAMI FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS —CITY-ST-ZIP	D CRUZ, MARTA 111 NW 20TH STREET -MIAMI-FL	☐ Delete	TITLE NAME STREET ADDRESS =:CITY_ST_ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRUZ, JULIO 1259 SW 17TH ST MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		∴ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE. NAME STREET ADDRESS		☐ Change	☐ Addition	

City

bes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate another my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. Thereby certify that the information supplied with this filing indicated on this report or supplemental report is true an of the corporation or the receive changed, or on an attachment

SIGNATURE:

CR2E034 (10/02)