

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90017 035 ***150.00

DOCUMENT # 348055

1. Entity Name
CORAL GABLES AUTO SERVICE, INC.

Principal Place of Business

**251 ALESIO AVE
 CORAL GABLES FL 33134**

Mailing Address

**251 ALESIO AVE
 CORAL GABLES FL 33134**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1276062

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MONTEITH, LEE D.
 65 SEAVIEW AVE
 COGNCH KEY FL 33050-6723**

7. Name and Address of New Registered Agent

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
 After May 1, 2002 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

TITLE	SD	<input type="checkbox"/> Delete
NAME	MONTEITH, BETTY	
STREET ADDRESS	251 ALESIO AVE	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MONTEITH, LEE D	
STREET ADDRESS	251 ALESIO AVE	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARROWS, JAY	
STREET ADDRESS	18550 SW 93RD AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *LEE D MONTEITH SR.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-02 305-4438778
 Date Daytime Phone #

0011100 AV

CR2E034 (9/01)