

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **409678**

1. Corporation Name

**BOB'S BRAKE SERVICE, INC.**

Principal Place of Business

22 NW 79TH STREET  
MIAMI FL 33150-3014

Mailing Address

22 NW 79TH STREET  
MIAMI FL 33150-3014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/28/1972**

4. FEI Number

**59-1487903**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**FIGUEROA, MANNY CPA  
308 ALHAMBRA CIRCLE  
CORAL GABLES FL 33134-5004**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ DELETE  
NAME **IRVINE, ROBERT W.**  
STREET ADDRESS **416 N. RAINBOW DRIVE**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90031 024 \*\*\*150.00



CR2E034 (5/99)

596887-90031-24  
409678

July 9, 1999

Annual Report Filings  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

- To Whom It May Concern, -

I'm writing this letter in regards to my fathers business Bob's Brake Service, Inc. My father passed away on May 18, 1999 my mother and I am trying to take care of his business paperwork. We just received a delinquent letter stating we have a \$400. fine. I spoke with Melissa at your office and she told me to send a check for \$150. with the Annual Report and to write a letter to your office asking if the delinquent charges can be waived in light of our situation. Your consideration would be greatly appreciated as we are doing our best to take care of all my fathers' business paperwork.

Thank you for your time and please contact me if I can be of further assistance at (954) 916-4066 or (954) 989-9814.

Sincerely,

Jeanne Irvine