2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 571889

1. Entity Name

J & R ENGINE SERVICE, INC.

Principal Place of Business	Mailing Address
7236 NW 25TH STREET	7236 NW 25TH STREET
P.O. BOX 523037	P.O. BOX 523037
MIAMI FL 33122	MIAMI FL 33152
US	US

961420

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *10011 NW 43 TERR*
Suite, Apt. #, etc.

3. Mailing Address *10011 NW 43 TERR*
Suite, Apt. #, etc.

City & State *MIAMI FLA*
Zip *33178* Country *MIAMI DADE*

City & State *MIAMI FLA*
Zip *33178* Country *MIAMI DADE*

4. FEI Number 59-1824654
Applied For / Not Applicable

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

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6. Name and Address of Current Registered Agent

MONTEAGUDO, ANDREW
17728 SW 28 COURT
MIRAMAR FL 33029

7. Name and Address of New Registered Agent

Name

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

City ___ FL ___ Zip Code

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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

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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

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11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS	Delete	12.	ADDITIONS/CHANGES	Change	Addition
TITLE PSTD NAME MOLINA, EUGENIO STREET ADDRESS 7236 NW 25 STREET CITY-ST-ZIP MIAMI FL 33122	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*10011 NW 43 TERR* *MIAMI FL 33178.*	☑ 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 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 CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

CR2E034 (9/01)

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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: ✓ _____ 04-23-02 305 418 4423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date   Daytime Phone #