

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F28337

1. Entity Name

IMPORT AUTO REPAIR, INC.

Principal Place of Business

5598 NW 10 TERR
C/O MICHAEL MARIOTTI
FT. LAUDERDALE FL 33309

Mailing Address

5598 NW 10 TERR
C/O MICHAEL MARIOTTI
FT. LAUDERDALE FL 33309

2. Principal Place of Business

5598 NW 10 TERR

3. Mailing Address

5598 NW 10 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Laud, Fla.

City & State

Ft. Laud, Fla.

Zip

Country

Broward

Zip

Country

Broward

6. Name and Address of Current Registered Agent

MARIOTTI, MICHAEL
6705 NW 58TH ST
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name Michael Mariotti

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

1321 SE 4 Ave.

City Pompano Bch

FL

Zip Code

33060

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 Michael Mariotti

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-01

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, 2001 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 D
NAME MARIOTT, MICHAEL SR
STREET ADDRESS 6705 N W 58TH ST
CITY-ST-ZIP TAMARAC FL 33321 ☐ Delete

TITLE DV
NAME MARIOTT, MICHAEL
STREET ADDRESS 1321 SE 4 AVE
CITY-ST-ZIP POMPANO BCH. FL 33060 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-01

Date

Daytime Phone #

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90023 015 ***150.00

340342



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)