

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G64510

1. Entity Name

IVAN'S AUTO REPAIR INC.

Principal Place of Business

% YVON CYR
3625 PEMBROKE RD C-9
HOLLYWOOD FL 33021-8211

Mailing Address

% YVON CYR
3625 PEMBROKE RD C-9
HOLLYWOOD FL 33021-8211

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

~~CYR, YVON~~
~~5840 SW 57TH WAY~~
~~DAVIE FL 33314~~

7. Name and Address of New Registered Agent

Name R. KEVIN CROSS, EA.

Street Address (P.O. Box Number is Not Acceptable) 801 SOUTH FEDERAL HIGHWAY

City Hollywood FL Zip Code 33020

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.

R. Kevin Cross, EA

(NOTE: Registered Agent signature required when reinstating)

1/11/2001

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, 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 VP ☐ Delete
NAME CYR, YUON L
STREET ADDRESS 5840 S. W. 57TH WAY
CITY-ST-ZIP DAVIE FL 33314

TITLE P ☐ Delete
NAME CYR, ROSE MARIE
STREET ADDRESS 5840 S. W. 57TH WAY
CITY-ST-ZIP DAVIE FL

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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:

Rose Marie Cyr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-01

Date

954-989-2582

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90141 001 ***150.00



DO NOT WRITE IN THIS SPACE

0107760

CR2E034 (10/00)