

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90169 038 ***150.00

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DOCUMENT # H68719

1. Entity Name
BF AUTO REPAIR, INC.

Principal Place of Business
B F AUTO REPAIR, INC.
7130 SW 44TH ST
MIAMI FL 33155
US

Mailing Address
7130 SW 44TH STREET
MIAMI FL 33155
US



2. Principal Place of Business
8514 N.W. 1ST TERR.
 Suite, Apt. #, etc.

3. Mailing Address
8514 NW 1ST TERR.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL
 Zip
33126
 Country

City & State
Miami, FL
 Zip
33126
 Country

4. FEI Number **59-2562797**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORRAY, BELA
9371 S.W. 69TH ST.
MIAMI FL 33173

CHANGE OF ADDRESS

Name **FORRAY BELA**
 Street Address (P.O. Box Number is Not Acceptable)
8514 N.W. 1ST TERR
 City **Miami** FL Zip Code **33126**

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 *Bela Forray*
 Signature, typed or printed name of registered agent and not 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
 NAME **FORRAY, BELA**
 STREET ADDRESS **7130 SW 44 STREET**
 CITY-ST-ZIP **MIAMI FL**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **ADRIANA E. GUERRERO**
 STREET ADDRESS **8514 NW 1ST TERRACE**
 CITY-ST-ZIP **MIAMI FLORIDA 33126**

TITLE **D** ☒ Delete
 NAME **FORRAY, MARIA**
 STREET ADDRESS **7130 SW 44 STREET**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: *Bela Forray* **PRESIDENT 3/18/02 269-0131**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)