2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

J07318 **DOCUMENT #**

1. Entity Name

KEN'S AUTO SERVICE, INC.



FILED Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90257 039 ***150.00

				Con the S				
Principal Place of Business 2006 NE 154TH ST. N. MIAMI BEACH FL 33162-6024 US		Mailing Address 2006 NE 154TH ST. N. MIAMI BEACH FL 33 US	2006 NE 154TH ST. N. MIAMI BEACH FL 33162-6024			POOTS(TE		
2. Principal P	lace of Business	3: Mailing Address					I DIE DIE OLI DI DI DE OLI COLI	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & Stat	е	City & State	City & State			4. FEI Number 59-2662206 Applied For Not Applicable		
Zip	Country	Zip				5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Cur	rent Registered Agent				7. Name and Address of New Registered Agent		
	r, Kenneth		Name Street Address		s (P.O. B	(P.O. Box Number is Not Acceptable)		
2006 NE MIAMI FL	154TH ST. 33162-6024							
			C				FL Zip Cod	
	named entity submits this statemer ions of registered agent. Signature, typed or printed name of registered			d office or regist		ent, or both, in the State of Florida.	I am familiar with,	and accept
Afte	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550 Payable to Florida Departmen	.00° = - 1 az -				9. Election Campaign Financing Trust Fund Contribution.		0 May Be to Fees
10.	4	AND DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Schaefer, Kenneth 2006 Ne 154th St. N. Miami Beach Fl 33162	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET	T ADDRESS		و ما رسود در ما	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS			☐ Change	☐ Addition
12. I hereby o	certify that the information supplied	with this filing does not qualify	for the exem	nption stated in	Section	119.07(3)(i), Florida Statutes. I furthe	er certify that the i	nformation

12 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: (

Date

Daytime Phone #