

# 2000 UNIFORM BUSINESS REPORT (UBR)

lofr

**DOCUMENT # J09758**

1. Entity Name  
**C & A MUFFLER, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 27 AM 9:28

Principal Place of Business      Mailing Address  
18326 S. DIXIE HIGHWAY      18326 S. DIXIE HIGHWAY  
PERRINE FL 33157                  PERRINE FL 33157



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.                  Suite, Apt. #, etc.  
City & State                          City & State  
Zip    Zip    Country                                  Country

4. FEI Number      59-2708084      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**WEISSFISCH, CARLOS**  
**608 NW 57TH AVENUE**  
**1301 SW 70 AVE**  
**MIAMI FL 33126**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City    **FL**      Zip Code

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 *Carlos Weisfisch*      DATE  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	DP WEISSFISCH, CARLOS 18326 S. DIXIE HWY. CORAL GABLES FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WEISSFISCH, STELLA 18326 S. DIXIE HWY. PERRINE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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500003349965  
-08/08/00--01095--008  
\*\*\*\*150.00      \*\*\*\*150.00

*8/8/04*

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: *Carlos Weisfisch*      REQUIRED      Date      Daytime Phone #

CR2E034 (5/00)

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**MIGUEL E. TURBAY**

*Certified Public Accountant*

608 N.W. 57 Avenue  
Miami, Florida 33126  
(305) 262-4053

July 19, 2000

Department of State  
Division of Corporation  
PO Box 1500  
Tallahassee, Florida 32302

Re: C & A Mufflers, Inc  
2000 Annual Report

To whom it may concern

Enclosed is the annual report for our corporation together with our check no.538 in the amount of \$150.00 representing our replacement check for the report in question.

It appears that the original report was lost in transit with our payment. We were not aware that the report or payment did not make it destination until we received the current correspondence.

We have always paid our obligations timely, this is why we request that you consider our request of abating the late filing fee.

We commit ourselves to making sure that future reports and payments are filed without a problem or delay.

Sincerely,

Miguel E. Turbay  
CPA

Carlos Weissfisch  
President