

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0021357

DOCUMENT # L01000022490

1. Entity Name

AUTO PRO SERVICE CENTER, LLC



FILED

03 JAN 17 PM 12:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business 2590 PALM AVE HIALEAH FL 33210 US	Mailing Address <del>10001 SW 70TH STREET</del> <del>MIAMI FL 33173</del> US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 2590 PALM AVE Suite, Apt. #, etc.
City & State HIALEAH, FL	City & State HIALEAH, FL
Zip 33010	Country USA

4. FEI Number 02-0533543	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LECUMBERRY, SYLVIA M 10001 SW 70TH STREET MIAMI FL 33173
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7. Name and Address of New Registered Agent Name LECUMBERRY, SYLVIA M. Street Address (P.O. Box Number is Not Acceptable) 2590 PALM AVE. City HIALEAH, FL FL Zip Code 33010
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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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE *Sylvia M. Lecumberry* SYLVIA M. LECUMBERRY 01/13/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LECUMBERRY, SYLVIA M 10001 SW 70TH ST. MIAMI FL 33173 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BORDON, DARIO M 8820 SW 132D PLACE, APT D-302 MIAMI FL 33186 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LARA, JORGE E 17700 NW 6TH AVE., #118 MIAMI LAKES FL 33015 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <del>2590 PALM AVE</del> HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800010197950 01/17/03--01081--001 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2590 PALM AVE. HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE *Sylvia M. Lecumberry* SIGNATURE REQUIRED SYLVIA LECUMBERRY (305) 864-0777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)