

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L27711

1. Entity Name
N&A AUTO DETAIL & AUTO EMPORIUM, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90080 004 ***150.00

Principal Place of Business
4650 SW 51 STREET
#713
DAVIE FL 33314

Mailing Address
4650 SW 51 STREET
#713
DAVIE FL 33314-5536



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
622 N. State Rd. 7
Suite, Apt. #, etc.
Hollywood, FL
City & State

3. Mailing Address
622 N. State Rd 7
Suite, Apt. #, etc.
Hollywood Fla.
City & State

4. FEI Number 65-0153077
Applied For
Not Applicable

Zip 33021 Country Broward
Zip 33021 Country Broward

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

MATOS, JUAN M.
4650 SW 51 STREET
#713
DAVIE FL 33314

Name
MATOS JUAN M.
Street Address (P.O. Box Number is Not Acceptable)
622 N. State Rd 7
City Hollywood FL Zip Code 33021

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

(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, 2000 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	PDT	<input type="checkbox"/> Delete
NAME	MATOS, JUAN M.	
STREET ADDRESS	4980 SW 52ND ST SUITE 115	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	Vice President	<input checked="" type="checkbox"/> Delete
NAME	WANDA GARCIA	
STREET ADDRESS	622 N. State Rd 7	
CITY-ST-ZIP	Hollywood FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/00 954
Date Daytime Phone # 965-4407

CR2E034 (9/99)