

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90087 040 ***158.75

C0049010

DOCUMENT # L61372

1. Entity Name AutoMech, Inc.

Principal Place of Business AUTOMECH INC
10772 SW 188TH STREET
MIAMI FL 33157-6778
US

Mailing Address AUTOMECH INC
10772 SW 188TH STREET
MIAMI FL 33157-6778

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number 05-0182471

Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent

CHEN YIN, KEVIN
12980 SW 149TH ST
MIAMI FL 33186

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 _____

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	<u>DPT</u>	<input type="checkbox"/> Delete
NAME	<u>CHEN YIN KEVIN</u>	
STREET ADDRESS	<u>12980 SW 149TH ST</u>	
CITY-ST-ZIP	<u>MIAMI FL 33186</u>	
TITLE	<u>S</u>	<input type="checkbox"/> Delete
NAME	<u>CHEN YIN KAY</u>	
STREET ADDRESS	<u>9504 SW 179 TRL</u>	
CITY-ST-ZIP	<u>MIAMI FL 33123</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<u>DP</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>CHEN YIN KEVIN</u>	
STREET ADDRESS	<u>12980 SW 149TH ST</u>	
CITY-ST-ZIP	<u>MIAMI FL 33186</u>	
TITLE	<u>T</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>GARCIA Marleen M.</u>	
STREET ADDRESS	<u>14499 SW 127 CT</u>	
CITY-ST-ZIP	<u>MIAMI FL 33186</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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: KAY V. CHEN YIN 4/12/01 305 233 2772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)