

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L93775

1. Entity Name

MIKE'S JAPANESE AUTO REPAIR SHOP, INC.

Principal Place of Business

651 N. GOLDENROD RD.
UNIT 6
ORLANDO FL 32807

Mailing Address

651 N. GOLDENROD RD.
UNIT 6
ORLANDO FL 32807-6243

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

RODRIGUEZ, ELSA E
2317 TOWER BRIDGE STREET
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name Timothy M. Vescovi
Street Address (P.O. Box Number is Not Acceptable) 651 N. Goldenrod Rd.
Unit 6
City Orlando FL 32807-6243

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

4/24/00

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, ELSA E.	
STREET ADDRESS	2317 TOWER BRIDGE ST.	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	WALSH, ELSA	
STREET ADDRESS	345 CRYSTAL LAKE DR	
CITY-ST-ZIP	MELBOURNE FL 32940	
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	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Timothy M. Vescovi	
STREET ADDRESS	651 N. Goldenrod Rd. Unit 6	
CITY-ST-ZIP	Orlando, FL 32807-6243	
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		
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

Date

Daytime Phone #

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90049 048 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

407-380-5668

407-446-0958

4/24/00