

DOCUMENT # M23780

1. Entity Name

SPECIALISTS IN AUTO SERVICE, INC.

Principal Place of Business

Mailing Address

~~7560 SW 26 ST
DAVIE FL 33314
US~~8130 N.W. 11 CT. % P.O. BOX 292458
PEMBROKE PINES, FL. DAVIE FL 33329
330248130 N.W. 11 CT.
PEMBROKE PINES, FL.
33024

2. Principal Place of Business

8130 N.W. 11 TH CT.

Suite, Apt. #, etc.

3. Mailing Address

8130 N.W. 11 TH CT.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

P. PINES, FL

City & State

PEMBROKE PINES, FL

4. FEI Number

59-2607671

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

~~SOGEKIAN, JOHN H
7560 SW 26TH STREET
DAVIE FL 33314~~SOGEKIAN, JOHN H.
8130 N.W. 11 TH CT.
PEMBROKE PINES, FL.
33024

7. Name and Address of New Registered Agent

Name- JOHN H. SOGEKIAN, PRES.

Street Address (P.O. Box Number is Not Acceptable)

8130 N.W. 11 TH CT.

City & State P. PINES, FL. 33024 FL

Zip Code

33024

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P. SOGEKIAN, JOHN H.	☒ Delete
NAME	7560 SW 26TH STREET	
STREET ADDRESS	DAVIE FL	
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.O. Box 292458	☒ Change ☐ Addition
NAME	DAVIE FL 33329-2458	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRES.	☒ Change ☐ Addition
NAME	SOGEKIAN, JOHN H.	
STREET ADDRESS	8130 N.W. 11 CT.	
CITY-ST-ZIP	PEMBROKE PINES, FL. 33024	
TITLE	PRES.	☐ Change ☒ Addition
NAME	SOGEKIAN, JOHN H.	
STREET ADDRESS	8130 N.W. 11 TH CT.	
CITY-ST-ZIP	PEMBROKE PINES, FL. 33024	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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)(f), 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

1/20/2000

Date

Daytime Phone #

CR2E034 (9/98)