

DOCUMENT # 115551

1. Entity Name

AMIGO GARAGE CORP.

Principal Place of Business

140 N.W. 8TH AVE  
P.O. BOX 015479  
MIAMI FL 33101

Mailing Address

140 N.W. 8TH AVE  
P.O. BOX 015479  
MIAMI FL 33101-5479

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-2185104

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

HECTOR VIVES  
140 N.W. 8TH AVE  
MIAMI FL 33128

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

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | PD                       | <input checked="" type="checkbox"/> Delete |
| NAME           | YECHZKEL GILAD           |  |
| STREET ADDRESS | 140 N.W. 8TH AVE         |  |
| CITY-ST-ZIP    | MIAMI FL 33128           |  |
| TITLE          | VD                       | <input checked="" type="checkbox"/> Delete |
| NAME           | VIVES, HECTOR            |  |
| STREET ADDRESS | 140 N.W. 8TH AVE         |  |
| CITY-ST-ZIP    | MIAMI FL 33128           |  |
| TITLE          | STD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | ASSAD, THOMAS            |  |
| STREET ADDRESS | 1670 LINCOLN COURT, #7-D |  |
| CITY-ST-ZIP    | MIAMI BEACH FL           |  |
| TITLE          | Pres.                    | <input type="checkbox"/> Delete            |
| NAME           | Modesto Paredes          |  |
| STREET ADDRESS | 5055 NW 7th St Miami     |  |
| CITY-ST-ZIP    | FL 33126                 |  |
| TITLE          | VP                       | <input type="checkbox"/> Delete            |
| NAME           | Oscar Pichardo           |  |
| STREET ADDRESS | 446 Mendoza Ave          |  |
| CITY-ST-ZIP    | Coral Gables, FL 33134   |  |
| TITLE          | MARK SPELLMAN            | <input type="checkbox"/> Delete            |
| NAME           | 6261 SW 116TH PLACE      |  |
| STREET ADDRESS | MIAMI FL 33173           |  |
| CITY-ST-ZIP    |                          |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |
|----------------|---|
| 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    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE: *Modesto Paredes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-2000

3/28/2000

FILED  
May 11, 2000 8:00 am  
Secretary of State

01-14-2000 90040 024 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)