

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

0132596 AV

**DOCUMENT # P00000006595**

1. Entity Name

**MOBILE CAR WASH EXPRESS., INC.**

03-06-2002 90016 018 \*\*\*150.00

Principal Place of Business

7340 SW 82ND STREET SUITE C-201  
 MIAMI FL 33143

Mailing Address

P.O. BOX 431063  
 MIAMI FL 33243



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2230 W. 3 Ave

Suite, Apt. #, etc.

None (warehouse)

3. Mailing Address

2230 W. 3 Ave

Suite, Apt. #, etc.

warehouse

City & State

Hialeah, Fla.

City & State

Hialeah, Fla.

Zip

33010

Country

USA

Zip

33010

Country

USA.

4. FEI Number

65-0974345

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PEREIRA, WALTER RAFAEL

7340 SW 82ND STREET SUITE C-201  
 MIAMI FL 33143

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, 2002 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 NAME PVST PEREIRA, WALTER RAFAEL ☒ Delete  
 STREET ADDRESS 16460 SOUTH POST RD # 103  
 CITY-ST-ZIP WESTON FL 33331

TITLE NAME D PEREIRA, WALTER RAFAEL ☒ Delete  
 STREET ADDRESS 16460 SOUTH POST RD # 103  
 CITY-ST-ZIP WESTON FL 33331

TITLE NAME President ☐ Delete  
 STREET ADDRESS walter rafael pereira  
 CITY-ST-ZIP 2230 W. 3 Ave  
 Hialeah, Florida 33010

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 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 #

CR2E034 (9/01)