

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91188 003 \*\*\*150.00

DOCUMENT # P00000009583

1. Entity Name  
**R D AUTO REPAIRS, INC.**

Principal Place of Business Mailing Address  
**13089 SW 1332T 13715 SW 66 ST APT A216**  
**MIAMI FL MIAMI FLORIDA**  
**33186 33183**

2. Principal Place of Business  
**SAME**  
 Suite, Apt. #, etc.

3. Mailing Address  
**SAME**  
 Suite, Apt. #, etc.

City & State Zip Country  
 City & State Zip Country

4. FEI Number  
**650978259**  
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**RICHARD DEBROSSE**  
**13715 SW 66 ST APT-A216**  
**MIAMI FL. 33183**

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 \$350.00**  
**Make Check Payable to Department of State**

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

1. OFFICERS AND DIRECTORS		
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>RICHARD DEBROSSE</b>	
STREET ADDRESS	<b>13715 SW 66 ST APT-A216</b>	
CITY-ST-ZIP	<b>MI FL 33183</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>SABINE M DEBROSSE</b>	
STREET ADDRESS	<b>13715 SW 66 ST APT-A216</b>	
CITY-ST-ZIP	<b>MI FL 33183</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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	<b>V</b>	<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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 **Richard DeBrosse** 5-15-01