

# 2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # **P00000017854**

1. Entity Name  
**TOTAL PRECISION OVERHAUL, INC.**

Principal Place of Business: **8294 NW 64th ST MIAMI FL 33166**

Mailing Address: **8294 NW 64th ST MIAMI, FL 33166**

2. Principal Place of Business: **SAME**

3. Mailing Address: **SAME**

City & State: **MIAMI FL**

City & State: **MIAMI FL**

Zip: **33166** Country: **FL**

4. FEI Number: **65-1005916**

Applied For: ☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**BRIAN AYLMIN  
8294 NW 64th ST  
MIAMI FL 33166**

7. Name and Address of New Registered Agent  
Name: **MIRIAM FUNDORA**  
Street Address (P.O. Box Number is Not Acceptable): **4037 SW 96 Ave.**  
**MIAMI**  
City: **MIAMI** FL Zip Code: **33165**

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:  DATE: **11-20-01**

(NOTE: Registered Agent signature required when reinstating)

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 \$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: <b>PSD</b>	<input type="checkbox"/> Delete
NAME: <b>JOSE A. FARIAS</b>	
STREET ADDRESS: <b>8772 SW 214 TERR</b>	
CITY-ST-ZIP: <b>MIAMI FL 33189</b>	
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: <b>PSD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>JOHN JORDAN</b>	
STREET ADDRESS: <b>1671 SW 122 CT #E-102</b>	
CITY-ST-ZIP: <b>MIAMI FL 33175</b>	
TITLE: <b>VICE-PRES</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>MIGUEL A. DURAN</b>	
STREET ADDRESS: <b>511 SW 88 PLACE WEST</b>	
CITY-ST-ZIP: <b>MIAMI FL 33174</b>	
TITLE: <b>SECRET</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>JOSE A. FARIAS</b>	
STREET ADDRESS: <b>8772 SW 214 TERR</b>	
CITY-ST-ZIP: <b>MIAMI FL 33189</b>	
NAME: <b>400004719314</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>-12/11/01--01070--020</b>	
CITY-ST-ZIP: <b>*****70.00 *****61.25</b>	
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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **11-20-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
01 NOV 21 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE