

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000017854**

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

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 93592 044 \*\*\*150.00

Principal Place of Business

**8294 N.W. 64TH ST.  
MIAMI FL 33166**

Mailing Address

**8294 N.W. 64TH ST.  
MIAMI FL 33166**

2. Principal Place of Business

**Same**

Suite, Apt. #, etc.

3. Mailing Address

**Same**

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1005916**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**AYLWIN, BRIAN**

**8294 N.W. 64TH ST.  
MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name

**Lorena Puerta**

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

**1671 SW 122 Court # E102**

City

**Miami**

**FL**

Zip Code  
**33176**

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

**Lorena Puerta**

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 **PSD** ☒ Delete  
NAME **FARIAS, JOSE A**  
STREET ADDRESS **8772 SW 214 TERR.**  
CITY-ST-ZIP **MIAMI FL 33189**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Change ☒ Addition  
NAME **John Jordan**  
STREET ADDRESS **1671 S.W. 122 Court # E102**  
CITY-ST-ZIP **Miami Florida 33176**

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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)(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:

**John Jordan**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(305) 299-3229**

CR2E034 (9/01)