FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
05-09-2002 90013 041 ***150.00

DOCUMENT # P00000022447

1. Entity Name
Michael's Auto Service and Repair, Inc ✓

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
4153 SW 47TH AVE	11730 NW 44TH St.
Suite, Apt. #, etc.: STE # 112	Suite, Apt. #, etc.:
City & State: DAVIE FL.	City & State: SUNRISE FL
Zip: 33314 Country: U.S.A.	Zip: 33323 Country: USA

4. FEI Number: 65-0985728 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Michael CORDAY
Street Address (P.O. Box Number is Not Acceptable): 11730 NW 44TH Street
City: SUNRISE FL. Zip Code: 33323

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: _____ 4/24/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT
NAME	MICHAEL CORDAY
STREET ADDRESS	11730 NW 44TH ST
CITY-ST-ZIP	SUNRISE FL 33323
TITLE	
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/24/2002 954-292-6981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #