


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

03-28-2003 90055 001 ***150.00

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DOCUMENT # P00000029712
1. Entity Name
GENERAL AUTOMOTIVE REPAIR INC



55024483

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2550 WINDSOR AVE
Suite, Apt. #, etc.
BAVI
City & State

3. Mailing Address
3831 PASEO NAVARRA
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

WEST PALM BEACH FL WEST PALM BEACH FL
Zip 33407 Country PALM BEACH Zip 33405 Country PALM BEACH

4. FEI Number
65-0992999

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name SPIEGEL & UTRERA P.A.
Street Address (P.O. Box Number is Not Acceptable)
343 ALHERIA AVENUE
City CORAL GABLES FL Zip Code 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$350.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT: IVA JEUDY 3831 PASEO NAVARRA WEST PALM BEACH FL 33405</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>SECRETARY MARLENE JEUDY 3831 PASEO NAVARRA WEST PALM BEACH FL 33405</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Iva Jeudy 03-25-2003 (561) 5140837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #