

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

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90049 022 ***150.00

DOCUMENT # P00000041898

1. Entity Name

B & F HI-PERFORMANCE AUTO REPAIR, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6710 GEORGIA AVE

Suite, Apt. #, etc.

3. Mailing Address
6710 GEORGIA AVE

Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FLORIDA

City & State
WEST PALM BEACH, FLORIDA

Zip
33405

Country
U.S.A.

Zip
33405

Country
U.S.A.

4. FEI Number
65-1000567

Applied For

Not Applicable

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

20015977

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ALLAN FIGUEROA

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

6710 GEORGIA AVENUE

City
WEST PALM BEACH

FL

Zip Code
33405

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

ALLAN FIGUEROA

01/18/2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
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
PD
FIGUEROA, ALLAN
6710 GEORGIA AVE
WEST PALM BEACH, FL 33405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
CORTEZ, FERNANDO
3534 TYRINGHAM
WEST PALM BEACH, FL 33406

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLAN FIGUEROA, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/2003 561.721.2504

Date

Daytime Phone #

CR2E034B (12/02)

**DO NOT WRITE
IN THIS SPACE**