

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90241 040 ***150.00

DOCUMENT # P00000045489

1. Entity Name

AMERICAN ROAD CAR WASH & LUBE, INC.

Principal Place of Business

**349 MERIDIAN AVE
SUITE #1
MIAMI BEACH FL 33139**

Mailing Address

**349 MERIDIAN AVE
SUITE #1
MIAMI BEACH FL 33139**

2. Principal Place of Business

**61 COLLINS AVE
Suite, Apt. #, etc.
403**

3. Mailing Address

**61 COLLINS AVE
Suite, Apt. #, etc.
403**

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

Zip

33139

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1041679

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BALLESTAS AND ASSOCIATES, INC.
7730 SW 68 TR
MIAMI FL 33143**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 **DPS** ☐ Delete
NAME **ANTONUCCI, PAOLA**
STREET ADDRESS **349 MERIDIAN AVE. #1**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **DVT** ☐ Delete
NAME **ANTONUCCI, ALBERTO A**
STREET ADDRESS **349 MERIDIAN AVE #1**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

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 **DPS** ☒ Change ☐ Addition
NAME **ANTONUCCI, CLAUDIA P.**
STREET ADDRESS **61 COLLINS AVE # 403**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **DVT** ☒ Change ☐ Addition
NAME **ANTONUCCI ALBERTO A**
STREET ADDRESS **61 COLLINS AVE # 403**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/02
Date

305-673-4319
Daytime Phone #

CR2E034 (9/01)