

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 61 COLLINS AVE Suite, Apt. #, etc. 403 City & State MIAMI BEACH, FL	3. Mailing Address 61 COLLINS AVE Suite, Apt. #, etc. 403 City & State MIAMI BEACH, FL
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4. FEI Number 65-1041679	Applied For <input type="checkbox"/> Not Applicable
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Zip 33139	Country USA	Zip 33139	Country USA
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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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME ANTONUCCI, PAOLA	
STREET ADDRESS 349 MERIDIAN AVE. #1	
CITY-ST-ZIP MIAMI BEACH FL 33139	
TITLE DVT	<input type="checkbox"/> Delete
NAME ANTONUCCI, ALBERTO A	
STREET ADDRESS 349 MERIDIAN AVE #1	
CITY-ST-ZIP MIAMI BEACH FL 33139	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANTONUCCI, CLAUDIA P.	
STREET ADDRESS 61 COLLINS AVE # 403	
CITY-ST-ZIP MIAMI BEACH FL 33139	
TITLE DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANTONUCCI ALBERTO A	
STREET ADDRESS 61 COLLINS AVE # 403	
CITY-ST-ZIP MIAMI BEACH FL 33139	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

1/28/02 305-673-4319
 Date Daytime Phone #

CR2E034 (9/01)