

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90418 028 \*\*\*150.00

**DOCUMENT # P00000045489**

1. Entity Name

**AMERICAN ROAD CAR WASH & LUBE, INC.**



Principal Place of Business

**61 COLLINS AVENUE**

**SUITE 403**

**MIAMI BEACH FL 33139**

Mailing Address

**61 COLLINS AVENUE**

**SUITE 403**

**MIAMI BEACH FL 33139**

2. Principal Place of Business

**6800 CORAL WAY**

3. Mailing Address

**6800 CORAL WAY**

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

**MIAMI FL 33155**

City & State

**MIAMI FL**

4. FEI Number

**65-1041679**

Applied For

Not Applicable

Zip

**33155**

Country

**USA**

Zip

**33155**

Country

**USA**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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 **DPS** ☐ Delete  
NAME **ANTONUCCI, PAOLA**  
STREET ADDRESS **61 COLLINS AVE., #403**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **DVT** ☐ Delete  
NAME **ANTONUCCI, ALBERTO A**  
STREET ADDRESS **61 COLLINS AVE., #403**  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SECRETARY** ☐ Change ☒ Addition  
NAME **FABIO A. PRELHAN**  
STREET ADDRESS **6800 CORAL WAY**  
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **TREASURER** ☐ Change ☒ Addition  
NAME **FABIO A. PRELHAN**  
STREET ADDRESS **6800 CORAL WAY**  
CITY-ST-ZIP **MIAMI FL 33155**

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**4/14/03**

**786-497-6800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)