

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

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DOCUMENT # P0000045489

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
Suite, Apt. #, etc.

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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ANTONUCCI, PAOLA 61 COLLINS AVE., #403 MIAMI BEACH FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY FABIO A. PRELHAN 6800 CORAL WAY MIAMI FL 33155 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT ANTONUCCI, ALBERTO A 61 COLLINS AVE., #403 MIAMI BEACH FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TORAWBER FABIO A. PRELHAN 6800 CORAL WAY MIAMI FL 33155 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 **PAOLA ANTONUCCI** 4/14/03 786-497-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)