

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90198 022 ***150.00

DOCUMENT # P00000046359

1. Entity Name
UR-REPAIR CREDIT INC.



Principal Place of Business
**3750 W 16TH AVENUE
SUITE 102
HIALEAH FL 33012**

Mailing Address
**3750 W 16TH AVENUE
SUITE 102
HIALEAH FL 33012**

11014529



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1009772

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUBIO, LUIS A JR
12753 NW 6TH LANE
MIAMI FL 33182**

Name

LUIS A. RUBIO JR.

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

3750 W. 16TH AVENUE

SUITE 102

City

HIALEAH

FL

Zip Code

33012

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **RUBIO, LUIS A JR**
STREET ADDRESS **12753 NW 6TH LANE**
CITY-ST-ZIP **MIAMI FL 33182**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **LUIS A. RUBIO JR.**
STREET ADDRESS **3750 W. 16TH AVENUE - SUITE 102**
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/03

786-277-9439

Date

Daytime Phone #

CR2E034 (10/02)