

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-16-2001 90038 023 ***150.00

DOCUMENT # P00000054572

1. Entity Name

LOS AMIGOS AUTO REPAIR, INC.

Principal Place of Business

**3900 GEORGIA AVENUE
 WEST PALM BEACH FL 33405**

Mailing Address

**4721 LAKE AVENUE
 WEST PALM BEACH FL 33405**

2. Principal Place of Business

LOS AMIGOS AUTO REPAIR INC

3. Mailing Address

7111 NORTON BL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

W.P.B. FL

City & State

W.P.B. FL

Zip

33405

Country

Zip

Country

4. FEI Number

65-1030243

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DE JESUS, FRANCISCO
 4721 LAKE AVENUE
 WEST PALM BEACH FL 33405**

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 reissuing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 DE JESUS, FRANCISCO
 4721 LAKE AVENUE
 WEST PALM BEACH FL 33405**

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP
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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:

Frank R. G. & J. G.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05-01-01 (56) 3558217

CR2E034 (10/00)