

2002 UNIFORM BUSINESS REPORT (UBR)

FILED  
Jul 22, 2002 8:00 am  
Secretary of State  
07-22-2002 90161 012 \*\*\*150.00

DOCUMENT # P00000054572  
1. Entity Name  
LOS AMIGOS AUTO REPAIR, INC.

Principal Place of Business  
2111 MORTON DR  
WEST PALM BEACH FL 33405  
Mailing Address  
4721 LAKE AVENUE  
WEST PALM BEACH FL 33405

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country  
3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)  
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DE JESUS, FRANCISCO	
STREET ADDRESS	4721 LAKE AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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 Required 07-08-02 561 315-8200

Attachment P0000000\$4572

July 15th., 2002

Florida Department of State  
Division of Corporation  
P. O. Box 6327  
Tallahassee, FL 32314

Gentlemen:

We are enclosing our check #1950 dated July 10th., 2002 in the amount of

ONE HUNDRED FIFTY DOLLARS, OO/100, (\$150.00).

We did not paid this before because we moved to 7111 Norton Ave., in

West Palm Beach, FL 33405 and we did not received the first notice, so

we will appreciate very much if you could accept this check instead.

Sincerely,

LOS AMIGOS AUTO REPAIR, INC

Francisco de Jesus  
President