

2,003 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91807 007 ***158.75

DOCUMENT # *P00000106182*

1. Entity Name

INDUSTRIAL REPAIR OF MIAMI CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1071 EAST 16TH ST

3. Mailing Address

1071 EAST 16TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HIALEAH, FL

City & State

HIALEAH, FL

4. FEI Number

65-1062806

Applied For

Not Applicable

Zip

33010

Country

U.S.

Zip

33010

Country

U.S.

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

CASTRO, JAIME

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

14303 S.W. 183RD TERR.

City

MIAMI

FL

Zip Code

33177

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 *PD*
NAME *CASTRO, JAIME*
STREET ADDRESS *1071 EAST 16TH ST.*
CITY-ST-ZIP *HIALEAH, FL 33010*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *VD*
NAME *GOLAN ANTONIO*
STREET ADDRESS *1071 EAST 16TH ST*
CITY-ST-ZIP *HIALEAH, FL 33010*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/01/03

Date

(305) 884-3330

Daytime Phone #

CR2E034B (12/02)