

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P00000107547*

1. Entity Name

Gutierrez Auto Repair Inc



FILED
CLERK OF THE
DIVISION OF CORPORATIONS

04 MAR 25 PM 4:47

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3307 W Columbus

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33607

Country

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT *01-04*

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jose M Sanchez

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

3307 W Columbus

City

TAMPA

FL

Zip Code

33607

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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

Jose M Sanchez

Signature of person or persons authorized to sign this report and file it with the

SECRET: Registered Agent signature required when terminating

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	<i>Jose M Sanchez</i>
NAME	<i>Jose M Sanchez</i>
STREET ADDRESS	<i>3307 W Columbus</i>
CITY-ST-ZIP	<i>TAMPA FL 33607</i>
TITLE	
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	

000031805630
04/05/04--01010--021 **600.00

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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(5)(b), 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 007, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Phone #

CR2E034B (12/02)

Division of Corporations
P.O.BOX 6327
Tallahassee, Fl 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 600.00 for the annual report fee with my application.

Please be advise that we moved to 3307 W COLUMBUSE, TAMPA FL 33607 since December of 2000 and we not received the U.B.R. for the year ,2001,2002,2003 2004 or any other notice from the Division of Corporations in respect with my Corporation **GUTIERREZ AUTO REPAIR INC.**


JOSE M SANCHEZ
PRESIDENT