

**AMENDED**  
**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUN 13 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000 112251

1. Entity Name

ZEP & CAR SERVICES, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

9071 Biscayne Blvd

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

4. FEI Number

65-1060756

Applied For

Not Applicable

Zip

33138

Country

USA

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MARCUS PARRA

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

9071 Biscayne Boulevard

City

Miami

FL

Zip Code

33138

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 reinstating)

DATE

6/12/02

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 P/D  
NAME THEOGENIS HARALABIDIS  
STREET ADDRESS 9071 BISCAYNE BOULEVARD  
CITY-ST-ZIP MIAMI, FL 33138

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

100005911301--8  
-06/21/02--01074--019  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

TITLE V/D  
NAME DAVID CHARAMPILDIS  
STREET ADDRESS 9071 BISCAYNE BOULEVARD  
CITY-ST-ZIP MIAMI, FL 33138

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V/D  
NAME THOMAS DE CHARALAMPIDIS  
STREET ADDRESS 9071 BISCAYNE BOULEVARD  
CITY-ST-ZIP MIAMI, FL 33138

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE S/D  
NAME MARCOS PARRA  
STREET ADDRESS 9071 BISCAYNE BOULEVARD  
CITY-ST-ZIP MIAMI, FL 33138

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T/D  
NAME EFTRPI CHARALAMPIDIS  
STREET ADDRESS 9071 BISCAYNE BOULEVARD  
CITY-ST-ZIP MIAMI, FL 33138

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/11/02

305-795-0004

CR2E034B (12/01)