FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P00000117813*

1. Entity Name

KACHIS AUTO REPAIRS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2101 N.W. 141 ST, UNIT 7

Suite, Apt. #, etc.

3. Mailing Address

2101 N.W. 141 ST. UNIT 7

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State *OPA LOCKA FL*

Zip *33054*   Country *USA*

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Zip *33054*   Country *USA*

4. FEI Number *65-1063500*

Applied For ☐   Not Applicable ☐

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name *DERRICK CLENNON*

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

3705 S.W. 52ND AVE APT. 208

City *PEMBROKE PARK*   *FL*   Zip Code *33023*

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DERRICK CLENNON	*3705 SW. 52ND Ave APT. 208*	*PEMBROKE PARK FL. 33023*					

DO NOT WRITE
IN THIS SPACE

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

SIGNATURE: x *Clennon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02

Date   Daytime Phone #

CR2E034B (12/01)