FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2004 8:00 am
Secretary of State
04-14-2004 90047 001 ***150.00

DOCUMENT # P01000018405

1. Entity Name
SERGIO'S ENGINE & AUTO REPAIRS, INC

DO NOT WRITE IN THIS SPACE

29094200

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9180 NW 119 St	9180 NW 119 St
Suite, Apt. #, etc.: 4	Suite, Apt. #, etc.: 4
City & State: HIALEAH GARDENS	City & State: HIALEAH GARDENS
Zip: 33018 Country: USA	Zip: 33018 Country: USA

4. FEI Number: 65-1079019 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: SERGIO A RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable): 1905 W 63 St
City: HIALEAH FL Zip Code: 33012

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] President DATE: 04/10/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PRESIDENT
NAME	SERGIO A RODRIGUEZ
STREET ADDRESS	1905 W 63 St HIALEAH FL
CITY-ST-ZIP	33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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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: [signature] President 04/10/04 305 8195656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)