

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000025792

1. Entity Name
C.J. AUTO REPAIR, INC.

Principal Place of Business
13444 SW 22ND TERRACE
MIAMI FL 33175

Mailing Address
13444 SW 22ND TERRACE
MIAMI FL 33175

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1093481

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE LA CRUZ GONZALEZ, JUAN
13444 SW 22ND TERRACE
MIAMI FL 33175

PEDRO J. GIL
8150 SW 8 ST #112
MIAMI FL 33144

Name PEDRO J GIL

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

8150 SW 8 ST #112

City Miami

FL

Zip Code 33144

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 of typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

06/22/02

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

☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GANCHEZ, CARMEN V
STREET ADDRESS 13444 SW 22ND TERRACE
CITY-ST-ZIP MIAMI FL 33175

TITLE 1/5/10 PEDRO J. GIL
NAME P.O. Box 441577
STREET ADDRESS MIAMI FL 33144
CITY-ST-ZIP

TITLE STD
NAME DE LA CRUZ GONZALEZ, JUAN
STREET ADDRESS 13444 SW 22ND TERRACE
CITY-ST-ZIP MIAMI FL 33175

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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 Block 12 if changed, 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 #

4-18-02

269-1629

FILED
Jun 30, 2002 8:00 am
Secretary of State

05-22-2002 90152 030 ***150.00



DO NOT WRITE IN THIS SPACE

CR2034 (9/01)