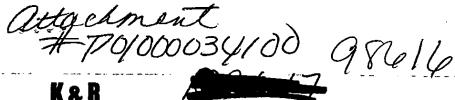
## 2002 UNIFORM BUSINESS REPORT (UBR)

GNAL<del>ure is</del>quired

## Aug 29, 2002 8:00 am Secretary of State P01000034100 DOCUMENT # 08-07-2002 90182 034 \*\*\*150.00 K & R FOREIGN AUTO REPAIR, INC. JOUIU Principal Place of Business Mailing Address 3890 W COMMERCIAL BLVD, SUITE 214 3890 W COMMERCIAL BLVD, SUITE 214 FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address 2740-0 STATES NSTATE RD 2-0455 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Surre City & State 4. FEI Number 65 - 1089138 City & State Applied For ᡗ᠘᠘᠘᠘᠘᠘᠘ しんりゅうしん Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent HUNT, KARLENE Street Address (P.O. Box Number is Not Acceptable) 3890 W COMMERCIAL BLVD, SUITE 214 FT LAUDERDALE FL 33309 WORLDACE 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 me of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 (See criteria on back) Trust Fund Contribution Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE Change ☐ Addition NAME HUNT, KARLENE NAME ₹ めいょり 9430 NW 3890 W COMMERCIAL BLVD, SUITE 214 STREET ADDRESS STREET ADDRESS E034 CITY-ST-ZIP FT LAUDERDALE FL 33309 CITY-ST-7IP ろろろと TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Délête TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TO F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP 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

**FILED** 

Daytime Phone #



## FOREIGN AUTO REPAIR

2740-D NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33351 (954)484-5583

July 31st, 2002

Division of Corporation Uniform Business Report Filings P.O. Box 1500 Tallahassee, fl 320302-1500

To whom it may concern;

We are a new company and our mail was sent to the wrong address and the person who received the original forms never forwarded our mail to us, we apologize for our late filing.

In future please send all mail the above address, thank you.

Karlene Hunt