

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000034100

1. Entity Name
K & R FOREIGN AUTO REPAIR, INC.

Principal Place of Business
3890 W COMMERCIAL BLVD. SUITE 214
FT LAUDERDALE FL 33309

Mailing Address
3890 W COMMERCIAL BLVD. SUITE 214
FT LAUDERDALE FL 33309

2. Principal Place of Business
2740-D N STATE RD #7
Suite, Apt. #, etc.
SUITE-D-

3. Mailing Address
2740-D N STATE RD #7
Suite, Apt. #, etc.

City & State
LAUDERDALE LAKES FL
Zip
33313
Country
BRAND

City & State
LAUDERDALE LAKES FL
Zip
33313
Country
BRAND

4. FEI Number
65-1089138

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HUNT, KARLENE
3890 W COMMERCIAL BLVD, SUITE 214
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2740-D N STATE RD #7
City
LAUDERDALE LAKES FL Zip Code
33313

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, 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) ☒

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNT, KARLENE 3890 W COMMERCIAL BLVD, SUITE 214 FT LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. P. T 9430 NW 82ND STREET TAMPA FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 29, 2002 8:00 am
Secretary of State

08-07-2002 90182 034 ***150.00

00010

DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

Attachment
#701000034100 98016

K & R

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