## **FILED** Mar 17, 2003 8:00 am Secretary of State

03-17-2003 91074 010 \*\*\*150.00

## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P01000034100 1. Entity Name K & R FOREIGN AUTO REPAIR, INC.

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Principal Place of Business 2740-D N STATE RD 7 SUITE D LAUDERDALE LAKES FL 33313			2740- Suiti	Mailing Address 2740-D N STATE RD 7 SUITE D LAUDERDALE LAKES FL 33313				I (BRIGBE UN BRIGO LIGI) BONI ODUN BRIN (	<b>i i</b> i i i i i i i i i i i i i i i i i	<b>1</b>	<b>PO</b> JNI <b>32</b> 01 1201	
2. Principal Place of Business			3. Ma	3. Mailing Address								
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City & State			City	City & State			4.	KK-11901190 (			oplied For	
Zip Country		Zip	Zip Cou		ntry	5.	Certificate of Status Desired	\$8.7 Fee Re	5 Add	ditional		
	6. Name a	and Address of Curre	nt Register	red Agent		Τ -	7.	Name and Address of New Register		equire.	<u> </u>	
HUNT, KARLENE				• •		Name		and the second second				
	N STATE RD 7			Street Address			ss (P.O. F	(P.O. Box Number is Not Acceptable)				
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8. The above	/e named entity (	submits this statement	t for the nurr	nose of changing its		ad office or regis	-1	gent, or both, in the State of Florida. I	<b>ГЬ</b> 1 '			
the obliga	ations of register	ed agent.	. TOI THE PUID	Jose of Changing its	registere	30 office or regis	sterea ag	gent, or both, in the State of Florida. I	am familiar	with, a	and accept	
SIGNATURE		printed name of registered age	ent and title if an	olicoble (NOT	For Posistero							
			THE GIVE BEEF SEP	T (NOTE	E: Hegistered	d Agent signature requ	uired when re	reinstating) DA	TE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of			i0 I of State	f State				Election Campaign Financing     Trust Fund Contribution.		\$5.0( Added	<b>0</b> May Be to Fees	
10.		OFFICERS AN	ND DIRECTO	I DRS	11,		ΑΓ	L DDITIONS/CHANGES TO OFFICERS A	AND DIDEC	TODE	111 32	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: