

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91479 040 ***150.00

DOCUMENT # P01000035173



1. Entity Name
S & S AUTO REPAIR, CORP.

Principal Place of Business
**4951 EAST 10TH COURT
HIALEAH FL 33013**

Mailing Address
**5140 EAST 10TH COURT
HIALEAH FL 33013**

2. Principal Place of Business

3. Mailing Address
4951 East 10 Court.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Hialeah FL

Zip

Country

Zip
33013

Country
Dade

4. FEI Number
59-2834584

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**YANES, CARLOS A
5140 EAST 10TH COURT
HIALEAH FL 33013**

7. Name and Address of New Registered Agent

Name **YANES, CARLOS A**
Street Address (P.O. Box Number is Not Acceptable)
775 EAST 52 STREET
City **Hialeah** FL **33013**

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]**
Signature, typed or printed name of registered agent and title if applicable.

Carlos A. Yanes

4/22/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
NAME **ACOSTA, ANAIS**
STREET ADDRESS **775 EAST 52 STREET**
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **YANES, CARLOS A**
STREET ADDRESS **775 EAST 52 STREET**
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03 (305) 769-0920
Date Daytime Phone #

CR2E034 (10/02)