

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90024 021 \*\*\*158.75

**DOCUMENT # P01000044042**1. Entity Name  
**TANI AUTO CARE, INC.**Principal Place of Business  
**15626 SW 95TH LANE  
MIAMI FL 33196**Mailing Address  
**15626 SW 95TH LANE  
MIAMI FL 33196**2. Principal Place of Business  
**10550 BISCAYNE BLVD**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI FLORIDA**

City &amp; State

4. FEI Number  
**65-1099522**Applied For  
Not ApplicableZip  
**33138**Country  
**U.S.**

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****TANINAKA, ROBERTO  
15626 SW 95TH LANE  
MIAMI FL 33196****7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

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, 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 \$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** ☐ Delete  
NAME **TANINAKA, ROBERTO**  
STREET ADDRESS **15626 SW 95TH LANE**  
CITY-ST-ZIP **MIAMI FL 33196**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **SVD** ☐ Delete  
NAME **TANINAKA, RITHY**  
STREET ADDRESS **15626 SW 95TH LANE**  
CITY-ST-ZIP **MIAMI FL 33196**TITLE ☐ Change ☐ Addition  
NAME  
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NAME  
STREET ADDRESS  
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 19, 2002 (305) 892-3100**

Date

Daytime Phone #

CR2E034 (9/01)