

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0135905 AV

DOCUMENT # P01000046701

1. Entity Name

MOTOR ZONE REBUILDERS, CORP.

04-02-2002 90909 047 ***150.00

Principal Place of Business

**4655 EAST 8TH COURT
HIALEAH FL 33013**

Mailing Address

**4655 EAST 8TH COURT
HIALEAH FL 33013**

2. Principal Place of Business

1809 OPA LOCKA BLVD.
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

OPALOCKA FL. 33054

City & State

FL. 33054

Zip

33054

Country

DADE

Zip

33054

Country

FL

4. FEI Number

65-1100249

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MESA, RAUL

**4655 EAST 8TH COURT
HIALEAH FL 33013**

7. Name and Address of New Registered Agent

Name

JACOBO & ASSOCIATES

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

6230 WEST 21ST. COURT

City

HIALEAH

FL

Zip Code

33016

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

03-27-2002

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

TITLE **PD** ☐ Delete
NAME **MESA, RAUL**
STREET ADDRESS **4655 EAST 8TH COURT**
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-27-2002 305-687-9927

Date

Daytime Phone #

CR2E034 (9/01)