MAY-01-02 02:56 AM FERNANDO RUIZ 407

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90326 022 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

200 =

DOCUMENT # P01000047474

1. Entity Name

Mario's Automotive Repair Center, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
80 W Michigan Ave
Suite, Apt. #, etc.
City & State
Orlando FL
Zip 32806
County

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
County

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3719831
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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 _____ Date

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	Pres. / Mario Orellana / 2401 Tandor Circle / Orlando, FL 32837
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-Pres. / Carlos Orellana / 2401 Tandor Circle / Orlando, FL 32837
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary / Fresia Orellana / 2401 Tandor Circle / Orlando, FL 32837
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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 requirement 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/30/02 Date 407-423-5101 Daytime Phone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)

Payments for this Receipt: Mario's Automotive Repair Center Balance Due: 04/30/2002