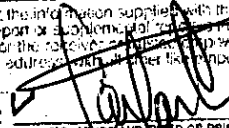


FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90326 022 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

2007

DOCUMENT # P010000 474 74			
1. Entity Name Mario's Automotive Repair Center, Inc			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 80 W Michigan AVE		3. Mailing Address	
Suite, Apt., etc.		Suite, Apt., etc.	
City & State Orlando FL		City & State	
Zip 32806	Country	Zip	Country
4. Fed Number 59-3719831		Applied For ☐ Not Applicable	
5. Certificates of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City			
State FL Zip Code			
8. The above named entity submits this statement for the purpose of registering its registered office or registered agent or both in the State of Florida			
SIGNATURE _____			
9. This corporation is eligible to satisfy its franchise Tax filing requirements and elects to do so ☐		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-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DO NOT WRITE IN THIS SPACE	
PRES. Mario Orcellana 2401 Tander Circle Orlando, FL 32837			
VICE-PRES. Mario Orcellana 2401 Tander Circle Orlando, FL 32837			
SECRETARY FRESIA Orcellana 2401 Tander Circle Orlando, FL 32837			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report is confidential 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 liquidator appointed to exercise this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 11 or on an attachment with an address with a proper line empowered.			
SIGNATURE: 		4/30/02 407-423-5101	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034B (12/01)