

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-02-2002 90122 040 ***150.00

DOCUMENT # P01000054113

1. Entity Name

R T AUTOMOTIVE REPAIR, INC.

Principal Place of Business

**3947 W. DAVIE BLVD.
 FT. LAUDERDALE FL 33312**

Mailing Address

**3947 W. DAVIE BLVD.
 FT. LAUDERDALE FL 33312**

2. Principal Place of Business

1911 SW 44 Ave.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL

City & State

Same

Zip

Country

Zip

Country

33317

4. FEI Number

37-1423956

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**TORTEROLO, RODOLFO
 3947 W. DAVIE BLVD.
 FT. LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

Name **Tortero, Rodolfo**
 Street Address (P.O. Box Number is Not Acceptable)
1911 SW 44 Ave.
 City **Ft. Lauderdale, FL** Zip Code **33317**

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]

04-17-02

Signature typed or printed name of registered agent and date 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. **President** OFFICERS AND DIRECTORS

TITLE **President** NAME **Tortero, Rodolfo** ☐ Delete
 STREET ADDRESS **1911 SW 44 Ave.**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33317**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)