**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 08, 2002 8:00 am Secretary of State P01000059232 DOCUMENT # 1. Entity Name 04-08-2002 90073 014 \*\*\*150.00 CARLO YEPES PERSONAL CAR WASH CORP. Principal Place of Business Mailing Address 1570 WEST 43RD PLACE 2152 WEST 53RD PLACE #47 HIALEAH FL 33018 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address lace 70 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FELNumber Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** <u>3301</u>2 8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD TITLE PSTD Delete TITLE ☐ Addition pes, Carlos YEPES, CARLOS NAME NAME 2152 WEST 53RD PLACE STREET ADDRESS 70 West STREET ADDRESS HIALEAH FL 33018 CITY-ST-ZIP 33012 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the corporation or the receiver or trustee changed, or on an attachment with an add