2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000062162 DOCUMENT

1. Entity Name

GABY'S AUTO SALES AND REPAIRS, INC.



Apr 14, 2003 8:00 am § Secretary of State

04-14-2003 90913 004 ***150.00

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of New Registered Agent. Name GHARIB, KIBRAIL Z 2000 SOUTH ORANGE BLOSSOM TRAIL. ORLANDO FL 32805 • City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Street Address (P.O. Box Number is Not Acceptable) Oily FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Street Address (P.O. Box Number is Not Acceptable) Oily FL Zip Code • The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Street Address (P.O. Box Number is Not Acceptable) Oily FL Zip Code • The Description Campaign Financing Trust Fund Commodition. DATE FILE NOW!!! FEE Is \$150.00 Add to Frees Adddo to Frees Adddo to Frees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME SIRET ADDRESS CITY-ST-Zip TITLE NAME SIRET ADDRESS CITY-ST-Zip Delete TITLE NAME SIRET ADDRESS CITY-ST-Zip Delete TITLE NAME SIRET ADDRESS CITY-ST-Zip Delete TITLE NAME SIRET ADDRESS CITY-ST-Zip Delete TITLE NAME SIRET ADDRESS CITY-ST-Zip Delete TITLE NAME SIRET ADDRESS CITY-ST-Zip Delete TITLE NAME SIRET ADDRESS CITY-ST-Zip Delete TITLE NAME SIRET ADDRESS CITY-ST-Zip Delete TITLE NAME SIRET ADDRESS CITY-ST-Zip Delete TITLE NAME SIRET ADDRESS CITY-ST-Zip Delete TITLE NAME SIRET ADDRESS CITY-ST-Zip Delete TITLE NAME SIRET ADDRESS CITY-ST-Zip Delete	1			_			
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE OHARIB, KIBRAIL STREET ADDRESS CITY-ST-ZIP TITLE OLIVEST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE OLIVEST-ZIP STREET ADDRESS CITY-ST-ZIP OLIVEST-ZIP TITLE OLIVEST-ZIP Addition Addition Addition Change Addition Addition Change Addition STREET ADDRESS CITY-ST-ZIP STREET ADDR	ORLANDO FL 32805				,		
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12. 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 10 or Block 11 if changed, or on an attachment with

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

SIGNATURE:

NAME STREET ADDRESS

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☐ Delete

Daytime Phone #

Change

Addition