

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 04, 2002 8:00 am
Secretary of State

05-14-2002 90058 048 ***150.00

DOCUMENT # P01000065933

1. Entity Name

AZCUY AUTO MOBILE REPAIR, INC.

Principal Place of Business

1214 W 79 ST
HIALEAH FL 33014

Mailing Address

1214 W 79 ST
HIALEAH FL 33014

2. Principal Place of Business

1215 W 79 ST

Suite, Apt. #, etc.

3. Mailing Address

1215 W 79 ST

Suite, Apt. #, etc.

City & State

HIALEAH, FL.

City & State

HIALEAH, FL.

4. FEI Number

65-1122201

Applied For

Not Applicable

Zip

33014

Country

EEUU

Zip

33014

Country

EEUU.

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

6. Name and Address of Current Registered Agent

AZCUY, ENRIQUE J
1214 W 79 ST
HIALEAH FL 33014

7. Name and Address of New 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

Signature, typed or printed name of registered agent and title 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. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
 NAME **AZCUY, ENRIQUE J**
 STREET ADDRESS **1214 W 79 ST**
 CITY-ST-ZIP **HIALEAH FL 33014**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

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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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment
P01000065933

96490

TRAVELERS EXPRESS COMPANY, INC. DRAWER	
P.O. BOX 9476	
MINNEAPOLIS, MN 55480	
1-800-542-3590	
DATE/AMOUNT	
99177237082	04/24/02
118 NH	1150.00
9369449/19000001	49
PLEASE SEE TERMS ON REVERSE SIDE	
99177237082	EMPLOYEE
▼ DETACH HERE ▼	

718 (12/00) 700/14000

KEEP THIS STUB
FOR YOUR RECORDS