

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

182

FILED

04 JUL 15 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000074678

1. Entity Name

Gonzalez Auto Repair, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3054 NW 23rd Terr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33142

Country

Zip

Country

REINSTATEMENT

02-04

DO NOT WRITE IN THIS SPACE

MRS

4. FBI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Ricardo, Jorge F.

3054 NW 23rd Terrace

Miami

FL

33142

DO NOT WRITE
IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

(Print name of person or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Ricardo, Jorge F.
STREET ADDRESS	3054 NW 23rd Terr.
CITY-STATE-ZIP	Miami, FL 33142
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

500039536065
07/26/04-01068-018 **450.00
DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURES *[Signature]*

(Signature and typed or printed name of signing officer or director)

Date

Florida Statutes

CR2E034B (12/02)

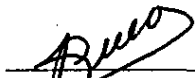
2082

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$450.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2002, 2003, & 2004 or any other notice from the Division of Corporations in respect with the Corporation **GONZALEZ AUTO REPAIR, INC.**

Thank you for your courtesy in this matter.


JORGE RICARDO
PRESIDENT