

5/16

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 24, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90074 044 \*\*\*150.00

**DOCUMENT # P01000090269**

1. Entity Name

**A-1 AUTO REPAIR CENTER, INC.**

Principal Place of Business

13881 SW 14TH ST  
MIAMI FL 33184

Mailing Address

13881 SW 14TH ST  
MIAMI FL 33184

2. Principal Place of Business

4584 ARNOLD AVE #B

3. Mailing Address

13871 SW 74 ST

Suite, Apt. #, etc.

MAPLES, FL

Suite, Apt. #, etc.

MIAMI FL

City &amp; State

City &amp; State

Zip

34104

Country

Collier

Zip

33184

Country

Miami Dade

4. FEI Number

05-1137930

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

VELASCO-QUINTERO, DANIA  
13881 SW 14TH ST  
MIAMI FL 33184

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: PD  
 NAME: VELASCO-QUINTERO, DANIA  
 STREET ADDRESS: 13881 SW 14TH ST  
 CITY-ST-ZIP: MIAMI FL 33184

☐ Delete

TITLE: VD  
 NAME: QUINTERO, JUAN C  
 STREET ADDRESS: 13881 SW 14TH ST  
 CITY-ST-ZIP: MIAMI FL 33184

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TITLE:   
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
☐ Change ☐ Addition

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 CITY-ST-ZIP:   
☐ Change ☐ Addition

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

4/21/02 (786) 402-8282

CR2E034 (9/01)