

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**  
 05-01-2002 91613 035 \*\*\*150.00

0146261 AV

**DOCUMENT # P01000101138**

1. Entity Name  
**DIXIE MUFFLERS, CORP.**

Principal Place of Business  
**1520 NORTH DIXE HWY**  
**HOLLYWOOD FL 33020**

Mailing Address  
**1520 NORTH DIXE HWY**  
**HOLLYWOOD FL 33020**



2. Principal Place of Business  
**Hollywood FL 33020**  
**1520 N. Dixie Hwy**  
 Suite, Apt. #, etc.

3. Mailing Address  
**Hollywood FL 33020**  
**1520 N. Dixie Hwy**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Hollywood Florida**  
 Zip  
**33020**  
 Country  
**Broward**

City & State  
**Hollywood Florida**  
 Zip  
**33020**  
 Country  
**Broward**

4. FEI Number  
**65-1146483**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**AMAYA, SAMUEL**  
**1520 NORTH DIXE HWY**  
**HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent  
 Name **PAULO R. AMAYA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1520 N. Dixie Hwy**  
 City **Hollywood** **FL** Zip Code **33020**

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 **PAULO R. AMAYA** **4/17/2002**  
 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMAYA, ANGELINO 1520 NORTH DIXE HWY HOLLYWOOD FL 33020	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AMAYA, MARLENY 1520 NORTH DIXE HWY HOLLYWOOD FL 33020	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AMAYA, SAMUEL 1520 NORTH DIXE HWY HOLLYWOOD FL 33020	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AMAYA, PAULO 1520 NORTH DIXE HWY HOLLYWOOD FL 33020	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **PAULO R. AMAYA**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)