

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

05 AUG 30 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800059383708  
09/07/05--01016--016 \*\*300.00

DOCUMENT # P01000108640

1. Entity Name

Reliable Automotive Service, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

14490 SW 300th St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Homestead FL

City & State

4. FEI Number

65-1154561

Applied For

Not Applicable

Zip

33033

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: Moreno, Juan G.

Street Address (P.O. Box Number is Not Permitted): 14490 SW 300th St.

City: Homestead

FL

Zip Code: 33033

**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 lender with, and accept the obligations of registered agent.

SIGNATURE:

*[Signature]*

Signature, name or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when withdrawing

DATE

January to May 1, Fee is \$150.00

After May 1, Fee is \$250.00

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 | NAME            | STREET ADDRESS     | CITY-STATE-ZIP      |
|-------|-----------------|--------------------|---------------------|
| P     | Moreno, Juan G. | 14490 SW 300th St. | Homestead, FL 33033 |
| TITLE | NAME            | STREET ADDRESS     | CITY-STATE-ZIP      |
| TITLE | NAME            | STREET ADDRESS     | CITY-STATE-ZIP      |
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**DO NOT WRITE  
IN THIS SPACE**

*[Handwritten signature]*

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Exemptions Page #

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 \$300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the year 2004 thru 2005 or any other notice from the Division of Corporations in respect with the Corporation, **RELIABLE AUTOMOTIVE SERVICE, INC.**

Thank you for your courtesy in this matter.

  
\_\_\_\_\_  
**JUAN G. MORENO**  
**PRESIDENT**