2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

Principal Place of Business

P01000112180

Mailing Address

1. Entity Name

REPAIRS UNLIMITED, INC.



FILED Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90028 004 ***150.00

MIAMI FL 33186			13904 SOUTHWEST 139TH COURT MIAMI FL 33186				1003244				
2. Principal	Place of Busin	ness	3. Mailing Address			_					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. F	4. FEI Number 65-1157177			pplied For lot Applicable	
Zip Country		,	Zip		Country		5. Certificate of Status Desired			\$8.75 Additional Fee Required	
	5. Name	and Address of Current F	legistered Agent			7. N	ame and Address of New Registe	red Ag	ent		
ADJECT A LIEBERA DA					Name					·	
1840 SW	& UTRERA, 22ND ST.	P.A.			Street Address (P.O. Box Number is Not Acceptable)						
4TH FLO		,		1							
MIAMI FL		City			<u> </u>	FL Zip Code					
the obliga				s registere	ad office or reg	gistered agei	nt, or both, in the State of Florida.	am fam	iiliar with,	and accept	
	Signature, typed o	or printed name of registered agent an	d title if applicable. (NOT	E: Registered	d Agent signature rec	quired when rein	stating) DA	VTE			
Afte Make Chec 0.					Election Campaign Financing Trust Fund Contribution.	Contribution. Added to Fees					
	PSTD	OFFICERS AND D	Delete	11.		ADD	ITIONS/CHANGES TO OFFICERS.	AND DI	RECTOR	S IN 11	
ITLE IAME TREET ADDRESS ITY-ST-ZIP	RODRIGUE 13904 SOU	ODRIGUEZ, YVETTE 3904 SOUTHWEST 139TH COURT IIAMI FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	☐ Addition	
ITLE AME Treet address ITY-ST-ZIP			☐ Delete		ľ] Change	☐ Addition	
TLE AME TREET ADDRESS TY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS				Change	☐ Addition	
TLE AME REET ADDRESS TY-ST-ZIP			Delete	TITLE NAME STREET CITY-S	T ADDRESS	,			Change	Addition	
'LE IME REET ADDRESS IY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS				Change	Addition	
LE ME REET ADDRESS Y-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ~				Change	Addition	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

IGNATURE: