

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 13 AM 8:01

DOCUMENT # P01000120796

1. Entity Name

MILAGROS AUTO REPAIR, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

801 N. STATE

3. Mailing Address

P.O. BOX 352501

Suite, Apt. #, etc.

Suite, Apt. #, etc.

REINSTATEMENT

02

City & State

GUNNELL, FL

City & State

PALM COAST, FL

4. FEI Number

59-3761220

Applied For

Not Applicable

Zip

32110

Country

USA

Zip

32135

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

GARY A. BLOOM

Street Address (P.O. Box Number is Not Acceptable)

25 OLD KINGS RD. NORTH

SUITE 3B

City

PALM COAST

FL

Zip Code

32137

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)

12/05/2002

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
GARY A. BLOOM
25 OLD KINGS RD. NORTH, #3B
PALM COAST, FL 32137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500009504315
12/13/02--01049--002 **750.00

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/05/2002 (86)846 9727

DATE

Daytime Phone #

CR2E034B (12/01)