

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90228 038 ***158.75

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DOCUMENT # P02000012930

1. Entity Name

CEDRIC'S AUTO CARE SERVICE, INC.



Principal Place of Business

250 NW 12 TH STREET

1 BAY

FLORIDA CITY FL 33034

Mailing Address

250 NW 12 TH STREET

1 BAY

FLORIDA CITY FL 33034

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0040352

Applied For

☐ Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRICE, MATTHEW

16611 SW 104 AVE

MIAMI FL 33157

7. Name and Address of New Registered Agent

Name **Carnell Partridge**

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

250 NW 12 Street #1

City **Florida City**

FL

Zip **33034**

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 familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and firm, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9 Jan 2003

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 | VPST | <input type="checkbox"/> Delete |
| NAME | SINCLAIR, CEDRIC | |
| STREET ADDRESS | 250 NW 12TH STREET | |
| CITY-ST-ZIP | FLORIDA CITY FL 33034 | |
| TITLE | Matthew Price | <input checked="" type="checkbox"/> Delete |
| NAME | 16611 SW 104 AVE | |
| STREET ADDRESS | MIAMI FL 33157 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|--|
| TITLE | Owner / Mechanic | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CEDRIC SINCLAIR | |
| STREET ADDRESS | 250 NW 12 TH STREET, BAY 1, FLORIDA CITY, FL 33034 | |
| CITY-ST-ZIP | Registered Agent | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 by 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 has not been changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03

Date

CEDRIC'S AUTO CARE
250 N.W. 12th ST.
FLORIDA CITY, FL 33034
(305) 248-9191

CR2E034 (10/02)