## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## P02000018468 **DOCUMENT #**

1. Entity Name

P.M. PLUS AUTO/TRUCK REPAIR, INC.



## **FILED** Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90079 016 \*\*\*150.00

				GOO WE THE					
Principal Place of Business 4363 MELALEUCA LANE	,	Mailing Address 4363 MELALEUCA LAN	=						
LAKE WORTH FL 33461 LAKE WORTH FL 3			_						
							Beli <b>be</b> lih <b>be</b> lih <b>b</b> i		
2 Principal Place of Busin		To the second							
2 Principal Place of Busin	EUCA CN	3. Mailing Address				f 100f1001 (11 00114 1f011 0	01;1 00;14 0 <b>1</b> 111 01	1104 II.DEI IDIII BIBIA	4 01101 1011 10E1
Suite, Apt. #, etc.	each av	Suite, Apt. # etc.	$\Lambda$			_			
LK WORTH	<u> </u>		MI	1	İ	☐ CHECK F	IERE IF MAK	ING CHANGES	;
City & State		City & State	7		4. F	E-Number		А	pplied For
	Country	77:00	1 0			<u> 5 491 /</u>	<u>4/U</u>		ot Applicable
33461	COUNTY ( PA	Zip	Co	untry	<b>5</b> . C	ertificate of Status Desi	red 🗌	\$8.75 Ad Fee Require	
	and Address of Current R	Registered Agent	1	<del></del>	7. N	ame and Address of N	lew Register	•	<del></del>
	<u> </u>			Name			g.	ou rigont	
RODRIGUEZ, ORLAND				Street Address	00 /P/\ Do	x Number is Not Accer	etalala)		
- 4363 MELALEUCA LA	NE			Street Addres	ss (F.O. Bo	x Nurriber is Not Accer	otable),		<del></del>
LAKE WORTH FL 334	31								
•	•			City			· · · · · · ·	Zip Coc	ie .
9. The characteristic	- 1. 24 11 1 1 1 1 1 1 1			'		<del>-</del>	-	▝┗╸╎	
<ol><li>The above named entity the obligations of register</li></ol>	red agent.	the purpose of changing	its registe	ered office or regis	stered age	nt, or both, in the State	of Florida. Ta	im familiar with,	and accept
٠, ٠	-								1.
SIGNATURE	r printed name of registered agent and	nd title if applicable (Ni	OTE: Ponieto	red Agent signature requ	sissed subsectioning	and the same of th			·
		(1.0 mg/p/02000)			alled when tells	stating)	DAT	E	
	FEE IS \$150.00 Fee:will be \$550.00					9. Election Campaig	n Financing	\$5.0	<b>)0</b> May Be
Make Check Payable to	Florida Department of S	State			1	Trust Fund Contri	bution.		d to Fees
10.	OFFICERS AND D		11		ADD	DITIONS/CHANGES TO	OFFICEDS A	ND DIRECTOR	C IN 11
TITLE PD		☐ Delete		LE T	٨٥٥	THONS/CHANGES TO	OFFICENS A	☐ Change	Addition
NAME RODRIGUE	z, orlando	~	NA.	ME				onango	T YOURION
	LEUCA LANE		ST	REET ADDRESS					
	TH FL 33461		CII	Y-ST-ZIP					
TITLE VD	7 01500	☐ Delete	TIT	LE .	·	e.		☐ Change	Addition
NAME RODRIGUE	z, diego Leuca lane		NA	· -			• .		
	TH FL 33461	ę.		RÉET ADDRESS Y-ST-ZIP				*b**.	
TITLE STD	1111 - 00101		_		-				<b>C</b> 7
NAME RODRIGUE	7. 1U7	Delete	TIT i NA					☐ Change	Addition
	LEUCA LANE	N.		REET ADDRESS	•				
	TH FL 33461		ÇIT	Y-ST-ZIP					
ITLE		. Delete		LE	- <del></del>		- <u></u>	Change	Addition
NAME I		•	, NA					-	
Street address City-St-Zip		•		REET ADDRESS		•			
			CIT	Y-ST-ZIP					
TITLE NAME		☐ Delete	* III					Change	☐ Addition
STREET ADORESS			NAN STR	ME EET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP					,
TITLE	<del></del>	□ Delete	TITI	<del> </del>			<del></del>	П съ	
NAME		L Delete	NAN .	- 1				☐ Change	☐ Addition
STREET ADDRESS .	•	ļ		EET ADDRESS					
CITY-ST-ZIP	<b>.</b>	_		/-ST-ZIP					
12 I haraby cortify that the	afa-mating according 1911			<del> </del>					

I hereby certify that the information supplied with this filling 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 resolver 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 a other like empowered.

SIGNATURE: