## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P02000034401 **DOCUMENT #**

1. Entity Name



## **FILED** Mar 06, 2003 8:00 am Secretary of State 03-06-2003 90119 017 \*\*\*150.00

E. & T. AUTO SERVICE CORP.									
Principal Place of Business 240 W 26 ST HIALEAH FL 33010		Mailing Address 240 W 26 ST HIALEAH FL 33010						. <i>- (814</i> 848)) (	
2. Principal F	Place of Business	3. Mailing Address					!	/ BIOSI BIOSI	JESES (18) 1881
Suite, Apt. #, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING	CHANGES	<b>;</b>
City & State		City & State				4.	FEI Number \$5 / 155 856		pplied For ot Applicable
Zip	Country	Zip Country			itry	5. Certificate of Status Desired   \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent						7. (	Name and Address of New Registered A	jent	
DALLO TIULA					Name	٠٠٠.	The same of the sa		
RALLO, TULIA 240 W 26 ST			Street Addre			(P.O. Box Number is Not Acceptable)			
HIALEAH F									
Sa.					City		FL	Zip Cod	le
8. The above named entity significant 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 title if app	olicable (NOTE	Registere	d Agent signature required	when re	einstating) DATE		
F	ILE NOW!!! FEE IS \$150.00								
Aftei	May 1, 2003 Fee will be \$550,00 Payable to Florida Department of	State					9. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees
10.	OFFICERS AND	DIRECTO	PRS	11.		ΑĈ	I DDITIONS/CHANGES TO OFFICERS AND I	IRECTOR	S IN 11
TITLE	P		☐ Delete	TITLE	<b>I</b>			Change	☐ Addition
	HERNANDEZ, ESTEBAN 240 W 26 ST			NAM STRE	E Et address				
	HIALEAH FL 33010				-ST-ZIP				
TITLE	V .		☐ Delete	TITLE				Change	Addition
NAME STREET ADDRESS	TALLO, TULIA 240 w 26 st			NAMI	E Et address				
	HIALEAH FL 33010				-ST-ZIP				İ
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STREET ADDRESS					ET ADDRESS				
CITY-ST-ZIP	partify that the information appolled with	thie filina	dose not qualify for		ST-ZIP	otion :	119.07(3)(i). Florida Statutes. I further certif	, that 1 = '	pformatics
· · · · · · · · · · · · · · · · · · ·	record that the information Supplied WI[[]	uns milita	aces not duality (Of	ine exer	nution stated in Sec	cuon i	r ratoroanu, monda aratules. I further certif	z mai ine ii	austriation /

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.

ATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR