

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90253 005 ***150.00

DOCUMENT # P02000043000

1. Entity Name
FOCUS AUTO CLINIC OF NORTH MIAMI, INC.



Principal Place of Business
13015 WEST DIXIE HIGHWAY
NORTH MIAMI FL 33161

Mailing Address
13015 WEST DIXIE HIGHWAY
NORTH MIAMI FL 33161

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3646426

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANCOIS, MAX
6481 SW 4TH STREET
PEMBROKE PINES FL 33023

Name

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

City

FL

Zip Code

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 *Francis Max*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ **P** ☐ Delete
NAME **FRANCOIS, MAX**
STREET ADDRESS **6481 SW 4TH STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33023**

TITLE ☐ Change ☒ Addition
NAME **Montinard, Jean F.**
STREET ADDRESS **19431 NW 77 Court**
CITY-ST-ZIP **Miami, FL 33015**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **BERGER, WEZ**
CITY-ST-ZIP **1151 NE 212 TERRACE**
MIAMI FL 33179

TITLE ☐ Change ☒ Addition
NAME **Florvil, Henri C.**
STREET ADDRESS **3216 SW 52nd Avenue # 7**
CITY-ST-ZIP **Pembroke Pines, FL 33023**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Rock, Rickson**
STREET ADDRESS **6328 NW 181 Terrace**
CITY-ST-ZIP **Hialeah, FL 33015**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Pierre, Guito**
STREET ADDRESS **3908 SW 68 Avenue**
CITY-ST-ZIP **Miramar, FL 33025**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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; 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.

SIGNATURE: *Francis Max* **President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 2003 305-893-4647

Date

Daytime Phone #

CR2E034 (10/02)