FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

Amended

FILED
03 OCT 15 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000046009

1. Entity Name
GMP AUTO REPAIRS , INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5800 W. COLONIAL DR	5800 W. COLONIAL DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State: ORLANDO, FL
Zip: 32808 Country: USA	Zip: 32808 Country: USA

4. FEI Number 01-0715646 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: PAUL PERSAUD

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

1595 SHADY OAK DR

City: KISSIMMEE FL Zip Code: 34744

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 _____ 10/06/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 P NAME LACHHMAN, GOPAUL STREET ADDRESS 5800 W. COLONIAL DR CITY-ST-ZIP ORLANDO, FL 32808	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE V NAME LACHHMAN, OUMA STREET ADDRESS 5800 W. COLONIAL DR CITY-ST-ZIP ORLANDO, FL 32808	TITLE NAME STREET ADDRESS CITY-ST-ZIP 900023829699 10/15/03--01076--013 **61.25
TITLE D NAME LACHHMAN, MARK STREET ADDRESS 5800 W. COLONIAL DR CITY-ST-ZIP ORLANDO, FL 32808	TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE
TITLE S NAME LACHHMAN, MARIA STREET ADDRESS 5800 W. COLONIAL DR CITY-ST-ZIP ORLANDO, FL 32808	TITLE NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE
TITLE T NAME PERSAUD, PAUL STREET ADDRESS 1595 SHADY OAK DR CITY-ST-ZIP KISSIMMEE, FL 34744	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ouma Lachhman 10-9-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #