

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90908 039 ***150.00

DOCUMENT # **P02000057096**

1. Entity Name
J & A AUTO SERVICE, INC.



Principal Place of Business
**1834 NW 38TH AVENUE
LAUDERHILL FL 33311**

Mailing Address
**1820 NW 38TH AVENUE
LAUDERHILL FL 33311**



2. Principal Place of Business

3. Mailing Address

1834 NW 38 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAUDERHILL FL

Zip

Country

Zip

Country

33311

4. FEI Number

16-1617487

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

**MARSHALL A. ADAMS, P.A.
3111 UNIVERSITY DRIVE
SUITE 901
CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent

Name

EDUARDO ARENCIBIA

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

10830 NW 17th

LAUDERHILL FL

City

FLA.

FL

Zip Code

33026

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 **EDUARDO ARENCIBIA**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/03

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 NAME STREET ADDRESS CITY-ST-ZIP	PD EISENBERG, JACK 1820 NW 38TH AVENUE LAUDERHILL FL 33311	<input checked="" type="checkbox"/> Delete <i>F'm sorry</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARENCIDIA, EDUARDO 1834 NW 38TH AVENUE LAUDERHILL FL 33311	<input checked="" type="checkbox"/> Delete <i>F'm sorry</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. EDUARDO ARENCIBIA 1834 NW 38 AVE LAUDERHILL FL 33311	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARENCIBIA, EDUARDO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JACK EISENBERG 1834 NW 38 AVE LAUDERHILL FL 33311	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE RESTORED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03

Date

(954) 735-5095

Daytime Phone #

CR2E034 (10/02)