FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90997 045 ***150.00

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FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000077120

1. Entity Name

RAPIDO AUTO SERVICE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12190 NW 98TH AVE BAY 1	12190 NW 98TH AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc. BAY 1
City & State: HIALEAH GARDENS, FL.	City & State: HIALEAH GARDENS, FL.
Zip: 33016 Country:	Zip: 33016 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 37-1435963 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: RODOLFO AZCUY

Street Address (P.O. Box Number is Not Acceptable): 12190 NW 98TH AVE. BAY 1

City: HIALEAH GARDENS FL Zip Code: 33016

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: X _____ RODOLFO AZCUY 04/23/2003

Signature, type 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/VP/S/T/D
NAME	RODOLFO AZCUY
STREET ADDRESS	359 W. 44 PL.
CITY-ST-ZIP	HIALEAH, FL 33018
TITLE	
NAME	
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CITY-ST-ZIP	

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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: _____ RODOLFO AZCUY 04/23/2003 (305) 698-3088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #