APR-29-2003 01:32 PM TABORDA ACCOUNTING CO. 305

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May 05, 2003 8:00 am
Secretary of State
05-05-2003 91833 024 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000083645

90130226

1. Entity Name
J.M.V. AUTO REPAIRS, CORP.

Principal Place of Business
~~3440 HOLLYWOOD BLVD., SUITE 360~~
~~HOLLYWOOD, FL 33021~~

Mailing Address
~~3440 HOLLYWOOD BLVD., SUITE 360~~
~~HOLLYWOOD, FL 33021~~

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1625 N State Rd 7	1625 N State Rd #7
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood Fl	City & State: Hollywood Fl
Zip: 33021 Country	Zip: 33021 Country

4. FEI Number: 72-1533465 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ROTH, LEONARDO A ESQ.
3440 HOLLYWOOD BLVD., SUITE 360
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent
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 ______ DATE

[redacted]

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD VIGNOLI, JAVIER 3440 HOLLYWOOD BLVD., SUITE 360 HOLLYWOOD, FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD VIGNOLI, MARCELO 3440 HOLLYWOOD BLVD., SUITE 360 HOLLYWOOD, FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: X ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)