## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P02000084562 **DOCUMENT #**

1. Entity Name

SPEED WAY AUTO REPAIR, CORP.



**FILED** Feb 28, 2003 8:00 am Secretary of State 02-28-2003 90140 015 \*\*\*150.00

				<b>/</b>   ``
Principal Pla 7801 HOOD : HOLLYWOOD		Mailing Address 7801 HOOD STREET HOLLYWOOD FL 33024		T INTEREST AND MAINE THAN AND AND AND AND AND AND AND AND AND A
2. Principal	Place of Business 31, 51	3. Mailing Address	17° W	
Suite, Apt	#, etc.	Suite, Apt. #, etc.	············	☐ CHECK HERE IF MAKING CHANGES
City State L		City & State		4. FEI Number 41-2054693. Applied For Not Applicable
Zip 7:	3/42 Country	Zip	Country	5. Certificate of Status Desired See Required
6. Name and Address of Current R		Registered Agent		7. Name and Address of New Registered Agent
Name				The state of the s
PANIAGUA, JOHNNY		*		The second secon
1901 NW 36 STREET			Street Address	s (P.O. Box Number is Not Acceptable)
MIAMI FL	33142			
	÷.		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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE				
· .		· · · · · · · · · · · · · · · · · · ·	3	3.02
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS	PD PANIAGUA, JOHNNY 7801 HOOD STREET	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP	HOLLYWOOD FL 33024		CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BETANCOURT, DILIA 7801 HOOD STREET HOLLYWOOD FL 33024	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		gan to	NAME STREET ADDRESS , CITY-ST-ZIP	
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12. I hereby of indicated of the corchanged,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address	this filing does not qualify for true and accurate and that m wered to execute this rapor) a fith all other like empowered.	the exemption stated in S y signature shall have the ss required by Chapter 60	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 17, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**SIGNATURE:** 

Daytime Phone #