2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P02000106340 DOCUMENT

1. Entity Name

TAMAYO'S REPAIR INC.



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90124 027 ***150.00

CITY-ST-ZIP CITY-ST-ZIP							1	1451							
Suific, Apl. 4, etc. Suific, Apl. 6, etc. Cry & State Cry & State Cry & State A. FELALIDIDO Royal Replication Royal Republication Royal	5159 SW 141 PLACE			5159 \$	5159 SW 141 PLACE						[] {1] [] {1] [] {1] [] []		4 (1) 44 (1) 1	MACH ORAL SORE	
City & State Ci	2. Principal F	Place of Busine	ss	3. Mail	3. Mailing Address				<u> </u> 						
City & State City & State City & State City & State Country Lip Country Lip Country Lip Country Lip S. Certificate of Status Desired See Required TAMAYO, FAUSTO Street Address of New Registered Agent TAMAYO, FAUSTO Street Address of New Registered Agent Street Address of New Registered Agent Total Address of New Registered Agent Total Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FLE City FL Zip Codo City FL Zip Codo Total Total Address of New Registered Agent Total Add	Suite, Apt.	. #, etc.	÷	Suite	Suite Apt # etc										
Second Address of Current Registered Agent Second Status Desired Second S										[] CHEC	K HERE IF	MAKING C	HANGES		
6. Name and Address of Current Registered Agent TAMAYO, FAUSTO Street Address (P.O. Box Number is Not Acceptable) Name TAMAYO, FAUSTO Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Name TAMAYO, FAUSTO Street Address (P.O. Box Number is Not Acceptable) Out FL Zip Code TAMAYO, FAUSTO THE TAMAYO, FAUSTO THE MANE T		te	City	City & State				1 4	_ ~ ~~ .	1204	· 		<u></u>		
S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent	Zip Country			Zip	Zip Col			5. Certificate of Status Desired							
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) DATE TENSION TIME TO THE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$55.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. PO TAMAYO, FAUSTO STREET ADDRESS CITY 51-2P TIME NAME STREET	3,5 ;	6. Name a	nd Address of Currer	t Registere	d Agent				7. Na		of New Reg	istered Ag	ent		
Signal Handle MAMI FL 33175 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Siste of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the Siste of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the Siste of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the Siste of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the Siste of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the Siste of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the Siste of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the Siste of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the Siste of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the Siste of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the Siste of Forida. I am familiar with, and accept the obligation of the obligation of the obligation of registered agent, or both, in the Siste of Forida. I am familiar with, and accept the obligation of the obligation of the obligation of registered agent, or both, in the Siste of Forida. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 19. ADDITIONS/CHANGES TO OFFICE							Name								
MIAMI FL 33175 City FL Zip Code 8. The shove named entity submits this statement for the purpose of changing its repistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FITE NOW!! FEE IS \$150.00 After may 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MAKE TAMAYO, FAUSTO TILE MAME SIFET ADDRESS OTY-51-2P TILE MAM	4.4							Street Address (P.O. Box Number is Not Acceptable)							
8. The above named onlity submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Florida. I am familiar with, and accept the exhigations of registered agent. SIGNATURE	5159 SW	141 PLACE			ļ			2. 22. 23. (1. C. Dok (tallion to rot) toophable)							
6. The above named untily submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am samilar with, and accept the obligations of registered agent. Or both, in the State of Forida. I am samilar with, and accept the obligations of registered agent. Or both, in the State of Forida. I am samilar with, and accept the obligations of registered agent. Or both, in the State of Forida. I am samilar with, and accept the obligations of registered agent. Or both, in the State of Forida. I am samilar with, and accept the obligations of registered agent. Or both, in the State of Forida. I am samilar with, and accept the obligations of registered agent. Or both, in the State of Forida. I am samilar with, and accept the obligations of registered agent. Or both, in the State of Forida. I am samilar with, and accept the obligations of registered agent. Or both, in the State of Forida. I am samilar with, and accept the obligations of registered agent. Or both, in the State of Forida. I am samilar with, and accept the obligations of registered agent. Or both, in the State of Forida. I am samilar with, and accept the obligation of the state of Forida. I am samilar with, and accept the obligation of the state of Forida. I am samilar with, and accept the state of Forida. I am samilar with, and accept the state of Forida. I am samilar with, and accept the state of Forida. I am samilar with, and accept the state of Forida. I am samilar with, and accept the state of Forida. I am samilar with, and accept the state of Forida. I am samilar with, and accept the state of Forida. I am samilar with, and accept the state of Forida. I am samilar with, and accept the state of Forida. I am samilar with, and accept the state of Forida. I am samilar with, and accept the state of Forida. I am samilar with, and accept the state of Forida. I am samilar with, and accept the state of Forida. I am samilar with and accept the state of Forida. I am samilar with and acc	MIAMI FL	33175										•			
the obligations of registrating dent. Signature	•				1		City					FL	Zip Cod	e	
PITE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TAMAYO, FAUSTO STREET ADDRESS MAMI FL 33175 TITLE MAKE STREET ADDRESS CITY-51-2P TITLE MAKE STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-51-2P TITLE MAKE STREET ADDRESS STREET ADDRESS CITY-51-2P TITLE MAKE STREET ADDRESS STREET	the obligat	e named entity stions of register	submits this statement	for the purpo	7 1	1		registere	ed agent	t, or both, in the Str	ate of Florid	la. I am far	niliar with,	and accept	
After May 1, 2003 Fee will be \$55.00 May Be Added to Flees Make Check Payable to Florida Department of State 10.	SIGNATURE .	Signature, typed or	nelled name of registered ager	nt and title if appli				e required	when reinst	tating)		DATE			
TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C	After	r May 1, 2003	Fee will be \$550.00		- ·	_					•				
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10.		OFFICERS ANI	D DIRECTOR	RS	11.			ADDI	TIONS/CHANGES	TO OFFICE	ERS AND D	IRECTOR	S IN 11	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS C	TITLE	PD			☐ Delete	TITLE	E								
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	5159 SW 14	1 PLACE			STRE	ET ADDRESS			·			- •	_	
NAME STREET ADDRESS CITY-ST-ZIP Delele	TITLE				□ Delete	TITLE							☐ Change	Addition	
CITY-ST-ZIP	NAME				_ 55,5,5	NAM	Ε								
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			and the street state of the sta							<u> </u>					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE				☐ Delete	TITLE							Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME					NAMI	E								
TITLE NAME STREET ADDRESS CITY- ST-ZIP	STREET ADDRESS					STRE	ET ADDRESS								
NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP	CITY-ST-ZIP					CITY-	-ST-ZIP								
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1				☐ Delete] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS					STRE	ET ADDRESS								
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP					CITY-	-ST-ZIP								
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE				☐ Delete	TITLE							Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	NAME					NAME	E								
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS						F								
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP						CITY-	-ST-ZIP								
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE				☐ Delete		1					נ	Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP															
	1	ertify that the in	nformation supplied wit	h this filing o	loes not qualify for			d in Sec	ntion 110	0.07/3\/i\ Florido S	tatutae I for	rther cortifu	that the in	formation	

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.