

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

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

05-01-2003 90768 049 \*\*\*150.00

DOCUMENT # P02000115029

i. Entity Name

DUNACARS AUTO REPAIR Corp.

**DO NOT WRITE IN THIS SPACE**

90117902

2. Principal Place of Business <u>9180 NW 119ST</u>		3. Mailing Address <u>9180 NW 119ST</u>	
Suite, Apt. #, etc. <u>BAY # 6</u>		Suite, Apt. #, etc. <u>BAY # 6</u>	
City & State <u>HALEAH GARDENS</u>		City & State <u>HALEAH GARDENS</u>	
Zip <u>33018</u>	Country	Zip <u>33018</u>	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>Applied For.</u>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>LUIS CASTILLO</u>
Street Address (P.O. Box Number is Not Acceptable) <u>19859 NW 64TH PLACE</u>
City <u>HALEAH</u> FL Zip Code <u>33015</u>

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>PRESIDENT</u> <u>ANASTASIO O. DUAN</u> <u>19859 NW 64TH PLACE</u> <u>HALEAH FL 33015</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>DIRECTOR</u> <u>LUIS CASTILLO</u> <u>19859 NW 64TH PLACE</u> <u>HALEAH FL 33015</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #