

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90775 001 \*\*\*150.00  
02-21-2003 90775 002 \*\*\*\*\*8.75

**DOCUMENT # P02000133306**

1. Entity Name  
**EXCELLENCY AUTO REPAIR CENTER, INC.**



Principal Place of Business  
**2230 South State Rd 7**  
**MIRAMAR FL 33023**  
**US**

Mailing Address  
**6960 SW 26 STREET**  
**MIRAMAR FL 33023**  
**US**

2. Principal Place of Business  
**2230 S. State Rd 7**

3. Mailing Address  
**6960 SW 26<sup>st</sup>**

Suite, Apt. #, etc.

City & State  
**MIRAMAR FL**

City & State  
**MIRAMAR FL**

Zip  
**33023**

Country  
**U.S.**

Zip  
**33023**

Country  
**US**

4. FEI Number  
**EIN # 06-1669971**

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required **Already Paid**

6. Name and Address of Current Registered Agent

**TYNE, CARLITO R**  
**6960 SW 26 STREET**  
**MIRAMAR FL 33023**

7. Name and Address of New Registered Agent

Name  
**Carlito Tyne**

Street Address (P.O. Box Number is Not Acceptable)  
**6960 S.W. 26<sup>st</sup>**

City  
**MIRAMAR**

FL Zip Code  
**33023**

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 **Carlito Tyne** **2/5/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TYNE, CARLITO 6960 SW 26 STREET MIRAMAR FL 33023	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHEDDESINGH, MARK 6960 SW 26 STREET MIRAMAR FL 33023	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TYNE, TKA 6960 SW 26 STREET MIRAMAR FL 33023	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, EVADNEY 6960 SW 26 STREET MIRAMAR FL 33023	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/5/03**  
Date Daytime Phone #

CR2E034 (10/02)