

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

CLERK OF STATE
DIVISION OF CORPORATE
06 MAY -9 AM 11:59

DOCUMENT # P03000026166

1. Entity Name
A S J EUROPEAN AUTO REPAIR INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2640 W Suite, Apt. #, etc. 52 PL City & State HALEAH FL		3. Mailing Address Suite, Apt. #, etc. City & State Zip 33016 Country USA	
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DO NOT WRITE IN THIS SPACE

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4. FID Number 20-4827841	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent Name YOANI GARCIA Street Address (P.O. Box Number is Not Acceptable) 2640 W 52 PL City HALEAH FL Zip Code 33016	

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: 
By signing, you are certifying that you are the registered agent and the filer of this report.

(DATE: Register)

REINSTATEMENT

05-06

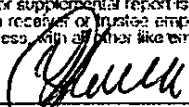
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution ☐

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YOANI GARCIA 2640 W 52 PL HALEAH FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FREDY C. ROQUE 5619 W 28TH AV. HALEAH FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

PRINT NAME AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Williams MAY - 9 2006

Date

Register Number

CR200348 (12/02)