	_	7
		•
1	-	٠
	-	-
	•	
1	-	
	~	3
	С	3
	Ŀ	ı
	=	
	C	٧
	^	ı
		•
	(ľ
	•	•
1		

2001 UNIFORM BUS	siness repo	PRT (UBR)			
DOCUMENT # 793000		- , , - , - , - , - , - , - , - , - , -		e de la companya de l	
F \$ F Service & Repair, IDC			01 SEP SECRE		
Principal Place of Business Mailing Address			21 AAS		
			PH SEE		
6541 W. 11 Hialeah, FL 1	DI. FL 33017	<u>></u>	FLOR	The state of the s	
2. Principal Place of Business	3. Mailing Address	······································	17.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		. DO NOT WRITE IN THIS SPACE	Ξ	
City & State City & State		•	4. FEI Number 5285115/2	Applied For	
Zip Country	Zip	Country	4. FEI Number - 0385456	Not Applicable	
		Country	Fee R	5 Additional Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name					
Towned Tromandez		s (P.O. Box Number is Not Acceptable)			
6541 W. 11 CI-					
Hialean, PC	00012	City	FL Zi	ip Code	
8. The above named entity submits this statement	for the purpose of changing its	I s registered office or regist	ered agent, or both, in the State of Florida.		
SIGNATURE					
Signature, typed or printed name of registered age	-	E: Registered Agent signature requir	red when reinstating) DATE		
9: This corporation is eligible to satisfy its Intangib Tax filing requirement and elects to do so. (See criteria on back)	After MAY 1, 20	III FEE IS \$150.00 001 Fee will be \$550.00 ble to Department of S	SENSOR ENDER COMPONION III	\$5.00 May Be Added to Fees	
11. OFFICERS ANI		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRE		
NAME Fernandon Eernan	de Delete	TITLE NAME	[_] C	Change	
NAME FERNANDO, EERRANDESS 6541 W. 11 CZ. CITY-ST-ZIP Hialeun, FL 3:	340	STREET ADDRESS CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	□ C	hange` _ Addition	
NAME STREET ADDRESS	-	NAME		: 1	
CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	500004619 33 -10/0 <u>1/</u> 010110	4012	
TITLE NAME	- Delete	TITLE NAME	****150.00 //// *	hange 50 - Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		,	
TITLE	☐ Delete	TITLE		Change	
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	¥	<i>:</i>	
TITLE	☐ Delete	TITLE		Change	
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	. , C	hange Addition	
NAME STREET ADDRESS		NAME STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
indicated on this report or supplemental report	is true and accurate and that i	my signature shall have the as required by Chapter 60	Section 119.07(3)(i), Florida Statutes. I further certify that e same legal effect as if made under oath; that I am an 07, Florida Statutes; and that my name appears in Block	officer or director	
SIGNATURE: SIGNATORE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	Date Daytime P	hone #	

DOC.# P93000000866

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I FURTHER STATE THAT I NEVER RECIEVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY.

Fernando A. Ternon

PRESIDENT