

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000006866

1. Entity Name

F & F SERVICE & REPAIR, INC.

FILED
02 JUL 10 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6541 W. 11 CT

3. Mailing Address

6541 W. 11 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HALEAH, FL

City & State

HALEAH, FL

4. FEI Number

650385456

Applied For

Not Applicable

Zip

33012

Country

US

Zip

33012

Country

US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

FERNANDO A. FERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)

49 N.E. 5TH AVE

City

HALEAH

FL

Zip Code

33010

**DO NOT WRITE
IN THIS SPACE**

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, 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	(P) FERNANDO A. FERNANDEZ 49 NE 5TH AVE HALEAH, FL 33010	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500006348605--9 -07/12/02--01029--005 ****300.00 ****300.00
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/9/02

Daytime Phone #

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

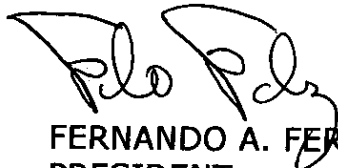
TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH CHECK TO PROPERLY UP-DATE CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE THAT THE UBR HAD NOT BEEN FILED OR THAT THE CHECK WAS RETURNED. I WILL LIKE THE LATE FEE TO BE WAIVED.

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,

A handwritten signature in black ink, appearing to read 'F. Fernandez', is written over the printed name.

FERNANDO A. FERNANDEZ
PRESIDENT