

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90125 005 ***158.75

DOCUMENT # P93000022022

1. Entity Name
G.S. AUTO FRAME SERVICE, INC.



Principal Place of Business
**300 W 75TH PLACE
HIALEAH FL 33014**

Mailing Address
**300 W 75TH PLACE
HIALEAH FL 33014**

2. Principal Place of Business
330 W. 75th Place
Suite, Apt. #, etc.

3. Mailing Address
15146 NW 89ct.
Suite, Apt. #, etc.

City & State
Hialeah FL

City & State
Miami Lakes Florida

Zip Country
33014 USA

Zip Country
33018 USA

4. FEI Number **65-0397552**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**VANEGAS-SORIANO, DUVIS
15146 NW 89 CT
Y
MIAMI FL 33018**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

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

TITLE **PT** ☐ Delete
NAME **SORIANO, GONZALO**
STREET ADDRESS **15146 NW 89 CT**
CITY-ST-ZIP **MIAMI FL 33018**

TITLE **V** ☐ Delete
NAME **VANEGAS-SORIANO, DUVIS**
STREET ADDRESS **15146 NW 89 CT**
CITY-ST-ZIP **MIAMI FL 33018**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Gonzalo Soriano**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/03 305-821-2080

Date Daytime Phone #

CR2E034 (10/02)