

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90153 011 ***158.75

DOCUMENT # P93000022889

1. Entity Name

MOTORTECH AUTOMOTIVE SERVICE INC.

Principal Place of Business

**2313 S STATE RD 7
 HOLLYWOOD FL 33023**

Mailing Address

**2313 S STATE RD 7
 HOLLYWOOD FL 33023**

2. Principal Place of Business

2313 S State Rd 7

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Zip

33023

Country

FLORIDA

Country

4. FEI Number

65-0406947

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**RIQUER, JOSE
 2451 NW 195TH AVENUE
 PEMBROKE PINES FL 33029**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 **P** ☐ Delete
 NAME **RIQUER, JOSE**
 STREET ADDRESS **2451 NW 195TH AVENUE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **VP** ☐ Delete
 NAME **RIQUER, MARTHA**
 STREET ADDRESS **2451 NW 195TH AVENUE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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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CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOSE G RIGUER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/02 (954) 966-3878