FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000037389

FILED

02 OCT 14 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
ORLANDO Auto REPAIR Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1024 S. ORANGE BLOSSOM TR	1024 S. ORANGE BLOSSOM TR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO Florida	City & State: ORLANDO Florida
Zip: 32805 Country	Zip: 32805 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59 318 3732 — Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent

Name: JOSEPH C WEFHACH.
Street Address (P.O. Box Number is Not Acceptable): 315 EAST ROBINSON St.
Suite 600
City: ORLANDO FL Zip Code: 32801

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) ☐

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	PRESIDENT AUGUSTO E. ALVA 1360 Geraldine DR WINTER PARK FL 32792	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

[signature] AUGUSTO E ALVA PRES. 10.8.02 407 8727352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JT 10/14/02

10-8-02

To whom it may concern:

We have not received the yearly application for our corporation. We call your dept and they told us to make a note that we didn't recived the application and to get a form from your website and send it along with the payment.

Here is a check for $50.= and the form from your website

thank you.

Yolanda Auto Repair Inc.