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DOCUMENT # P94000022584

1. Entity Name
PILA AUTO SERVICE CORP.

Principal Place of Business Mailing Address
10701 SOUTHWEST 40TH STREET **10701 SOUTHWEST 40TH STREET**
MIAMI FL 33165 **MIAMI FL 33165-3620**
US **US**

2. Principal Place of Business 3. Mailing Address
10701 SW 40 St **10701 SW 40 St**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami Fla **Miami Fla**

Zip Country Zip Country
33165 **USA** **33165** **USA**

4. FEI Number Applied For
65-0481931 Not Applicable

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

6. Name and Address of Current Registered Agent
CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 21 PM 2:34

65000100



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 (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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PILA, ORLANDO		NAME		
STREET ADDRESS	15071 S.W. 44TH TERR.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33185		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: **ORLANDO RIA** Date: **2-16-00** Daytime Phone #: **305-223-3872**

SIGNATURE REQUIRED