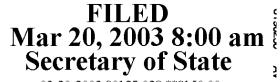
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR P94000031258 **DOCUMENT #** 1. Entity Name PEPE'S AUTO SERVICE CORP.



03-20-2003 90127 028 ***150.00

Principal Place of Business 890 N.E. 41ST COURT POMPANO BEACH FL 33064 US		Mailing Address 890 N.E. 41ST COURT POMPANO BEACH FL 33064 US				Δυυλουλυ		
2. Principal Place of Business		3. Mailing Address				1 (881) 1881 1881 1881 1881 1881 1881 18	I t 11/81 1/8/8 119 9 1	81187 1211 1281
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES		
City & State)	City & State			4.	4. FEI Number 65-0484394 Applied For		
Zip	Country	Zip	Cou	Country		Certificate of Status Desired	\$8.75 Ad	
	6. Name and Address of Curre	nt Registered Agen	t		7. 1	Name and Address of New Registered	<u> </u>	
ASTIAZARAIN, JOSE A 890 N.E. 41ST CURT POMPANO BEACH FL 33064				Street Addre	ess (P.O. B	lox Number is Not Acceptable)		
				City	- :.		Zio Coo	
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 famillar with, and accept the obligations of registered agent.								
SIGNATURE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Financing Trust Fund Contribution,		0 May Be i to Fees
10.	OFFICERS AN		11.	·	AD	DITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 11
NAME /	ASTIAZARAIN, JOSE A 890 N.E. 41ST COURT POMPANO BEACH FL	<u></u>		I			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~	🗆		· ' ' '			. Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAM STRE	į.			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAM STRE	I	_		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	tify that the information supplied wit	0	NAMI STRE				☐ Change	Addition

Interept 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:

Daytime Phone #