

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90029 007 ***150.00

DOCUMENT # P94000052419

1. Entity Name

LINDO AUTO REPAIRS AND SALES, INC.

DO NOT WRITE IN THIS SPACE

425057

2. Principal Place of Business

2550 Ali Baba Avenue

Suite, Apt. #, etc.

3. Mailing Address

2550 Ali Baba Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Opa Locka, FL

City & State

Opa Locka, FL

4. FEI Number

65-0506024

Applied For

Not Applicable

Zip

33054

Country

USA

Zip

33054

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

KEITH LINDO

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

2550 Ali Baba Avenue

City

Opa-Locka

FL

Zip Code

33054

**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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Keith Lindo
2550 Ali Baba Avenue
Opa Locka, FL 33054

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Keith Lindo

2/21/02

Date

(305) 687-8813

Daytime Phone #

CR2E034B (12/01)