

# 63 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 694 00005872

1. Entity Name

Herbie Auto & Truck Repair, Inc.



FILED

03 APR 15 AM 7:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1455 Landstreet

3. Mailing Address

8209 Sarnow Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, Fl

City & State

Orlando, Fl

4. FEI Number

59-3263555

Applied For

Not Applicable

Zip

32824

Country

Zip

32822

Country

orange

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Heriberto Reyes

Torres Reyes

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

8209 Sarnow Dr.

City

Orlando,

FL

32822

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Herbie Jones*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-9-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Heriberto Reyes  
8209 Sarnow Dr.  
Orlando, Fl 32822

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Heriberto Torres Reyes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-03

407-851-8996

CR2E034B (12/02)