

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90154 025 ***150.00

DOCUMENT # P94000078392

1. Corporation Name

AUTO REPAIR PROFESSIONALS, INC.

Principal Place of Business

3501 NW 19TH ST
LAUDERDALE LAKES FL 33311
US

Mailing Address

3501 NW 19TH ST
LAUDERDALE LAKES FL 33311
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1994

4. FEI Number

65-0533448

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAFFIZULLA, WINSTON
12716 NW 15TH NST
SUNRISE FL 33323

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME ST G HAFFIZULLA, MIGUEL

STREET ADDRESS 3501 NW 19TH ST

CITY-ST-ZIP LAUDERRHILL FL 33311

TITLE D ☐ DELETE

NAME ST M HAFFIZULLA, CHRISTOPHER

STREET ADDRESS 3501 NW 19TH ST

CITY-ST-ZIP LAUDERRHILL FL 33311

TITLE D ☐ DELETE

NAME HAFFIZULLA, DWAYNE L

STREET ADDRESS 3501 NW 19TH ST

CITY-ST-ZIP LAUDERRHILL FL 33311

TITLE P ☐ DELETE

NAME HARRIZULLA, WINSTON

STREET ADDRESS 3501 NW 19 ST

CITY-ST-ZIP LAUDERDALE LAKES FL

TITLE VP ☐ DELETE

NAME HAFFIZULLA, PAULETTE

STREET ADDRESS 3501 NW 19 ST

CITY-ST-ZIP LAUDERDALE LAKES FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)