2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000084526



FILED Mar 19, 2003 8:00 am Secretary of State

1. Entity Name DAVID AUTO SHOP, INC.								03-19-2003 90	_	***150	.00
Principal Place of Business 2067 WEST 62ND STREET HIALEAH FL 33016		2067	Mailing Address 2067 WEST 62ND STREET HIALEAH FL 33016 3. Mailing Address			☐ CHECK HERE IF MAKING CHANGES					
2. Principal Place of Business											3. Ma
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.								
City & State		City	City & State			4. FEI	4. FEI Number 65-0535508 Applied For Not Applicable				
Zip	•		Zip			try	5. Cert	5. Certificate of Status Desired S8.75 Addition Fee Required		ditional	
	6. Name	and Address of Cu	urrent Register	ed Agent			7. Nam	e and Address of New Reg		<u>.</u>	
						Name	-	· · · · · · · · · · · · · · · · · · ·	•		
Guillen, david e 730 east 30 street					Street Address (P.O. Box Number is Not Acceptable)						
HIALEAH FL 33013											
						City			FL	Zip Cod	e
8. The above the obligation	e named entity ations of regist	y submits this staten ered agent.	nent for the purp	oose of changing its	registere	d office or register	ed agent,	or both, in the State of Floric	da. I am fa	l miliar with,	and accept
SIGNATURE	Signature, typed	or printed name of registere	d agent and title if age	linable /NOTE	Bacistarad	Agent signature required	luda a a insta				
		<u>'</u> ''		T	registered	Agent signature required	when reinstat	ing)	DATE		
, E			^								
		! FEE IS \$150.0 3.Fee will be \$55					İ	9. Election Campaign Finan		\$5.0	0 May Be
Afte	r_May_1_200	FEE IS \$150.0 3 Fee will be \$55 Florida Department	0.00					Election Campaign Finan Trust Fund Contribution.	ncing		0 May Be I to Fees
Afte	k Payable to	3. Fee will be \$55 Florida Departme	0.00	RS	11.			Trust Fund Contribution.		Added	I to Fees
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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 the empowered.

SIGNATURE:

SIGNATI*YIS MAY*LYRED SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #