

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90193 005 ***150.00

DOCUMENT # P95000023652

1. Entity Name

TONY'S AUTO BODY & MOTORCYCLE REPAIR INC.

Principal Place of Business

12450 S.W. 128TH ST.

#11

MIAMI FL 33186

Mailing Address

12450 S.W. 128TH ST.

#11

MIAMI FL 33186

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0569749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MELENDEZ, ENRIQUE

12450 S.W. 128 ST.

BAY 11

MIAMI FL 33186

Name

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

City

FL

Zip Code

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

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) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **MELENDEZ, ENRIQUE**
STREET ADDRESS **12450 SW 128 ST**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

CR2E034 (4/02)

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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-02 3052341100

Date

Daytime Phone #

Attachment
Document #
P95000023652

Tony's Auto Body and Motorcycle Repair, Inc
12450 SW 128th Street
Miami, Fl, 33186

July 9th, 2002

To: Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Fl, 32314

From: Enrique Mendez
Tony's Auto Body and Motorcycle Repair, Inc
12450 SW 128th Street
Miami, Fl, 33186

Reference to: Second invoice received about Doc# P95000023652

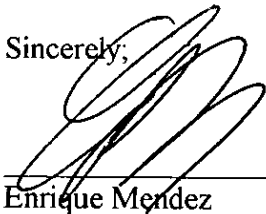
I will like to informed you that back in March 20th, 2002 , I sent a payment with check number #3095 in the amount of \$ 150.00.

This check has never been cashed by your division . Which makes me think that the check was lost in the mail or in your division.

I'm sending another check for the same amount by mail today.

Please feel free to contact me if you have any questions or comments in reference to this matter.

Sincerely,


Enrique Mendez