

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

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90130 040 \*\*\*150.00

DOCUMENT # *P95000036982*

1. Entity Name  
*MIAMI AUTO SERVICE, INC.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*1451 N.W. 7TH STREET*

3. Mailing Address  
*1451 N.W. 7TH STREET*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
*MIAMI FL*

City & State  
*MIAMI FL*

4. FEI Number  
*65-0583737*

Applied For  
 Not Applicable

Zip  
*33125* Country

Zip  
*33125* Country

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  
*MANUEL E. VELEZ*

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

*1451 N.W. 7TH STREET*

City  
*MIAMI FL* Zip Code *33125*

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 \$850.00**  
**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  
*PSTD*  
*MANUEL E. VELEZ*  
*1844 N.W. 17TH STREET*  
*MIAMI FL 33125*

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

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**DO NOT WRITE IN THIS SPACE**

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

Date

Daytime Phone #

*4/27/04 (305) 5415506*