Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90138 015 ***150.00

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P95000053908

RAMI'S	BRAKES AND AUTO SPE	CIALIST	INC.								
Principal Plac	e of Business	Ma	ailing Address				-	14 11 0 1 818 1 Brill 80 111	BB(1) BE111 B	AND BITTO ITIES (1	() 00 0 (0() 40)
Principal Place of Business Mailing Address 4661 S. ST RD. 7 DAVIE FL 33314 Mailing Address 4661 S. ST RD. 7 DAVIE FL 33314								DO NOT W	RITE IN TI	HIS SPACE	
							2 Data Incom	orated or Qualife		IIO OI NOL	<u></u>
							07/07/19		u		
2 Principal F	Place of Business	2a.	Mailing Address				4. FEI Number			· 11	Applied For
21	isce of Edainess	26	Trialing / taar 555				65-05992	41			Not Applicable
Suite, Apt.	# etc	201	Suite, Apt. #, etc.				,			\$8.75	Additional
22		27				•	. 5. Certifcate o	f Status Desired	[-]		Required
City & Sta	ite		City & State				6. Election Car	mpaign Financing	3	\$5.0	O May Be
23		28					Trust Fund	•	, _□		d to Fees
Zip	Country		Zip	Coun	ntry		8. This corpora	ation owes the cu	rrent year	Intangible	
24	25	29		30			Personal Pr	operty Tax.		⊠ Yes	□No
	9. Name and Address of Curr	rent Regis	tered Agent				10. Name and	Address of New	Register	ed Agent	
				į.	81	Name					
	ONI, RAMI			F	82	Street Addre	ss (P.O. Box Nun	ber is Not Accer	otable)		
4661 S. ST RD. 7						0.1001710010			,		
DAV	/IE FL 33314				83						
				-	84	City				85 Z	p Code
					1					FL **	i
			<u> </u>	+	1			atotomont for th	o ourooc	of changing	ite registered
office or	t to the provisions of Sections 607.0 registered agent, or both, in the Sections and familiar with and accept the obline	ate of Florid	ia. Such change was a	uthorized	Dy t	-named corpo he corporation	ration submits thin's board of direct	s statement for thorse. I hereby acc	e purpose ept the ap	of changing pointment as	its registered registered
office or	registered agent, or both, in the Sta am familiar with, and accept the obl	ate of Florid ligations of	da. Such change was a , Section 607.0505, Flo	uthorized orida Statu	by t ites.	ne corporation	n s poard of direct	s statement for thors. I hereby acc	epi ille aț	pomunent as	its registered registered
office or agent. I a SIGNATURE	registered agent, or both, in the Sta am familiar with, and accept the obl Signature, typed or printed name of registered	ate of Florid ligations of agent and title	da. Such change was a Section 607.0505, Flo	rida Statu	by t ites.	-named corpo he corporation signature required	when reinstating)	ors. Thereby acc	DATE	pomment as	
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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.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED NG OFFICER OR DIRECTOR

☐ Change

☐ Addition