

ANNUAL REPORT (AR)

112

DOCUMENT # P95000076349

1. Entity Name

GILBERT'S AUTO REPAIRS INC



FILED

2005 JUL 29 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



3/11/05 90298 034 150

1st MOORE CR2E034 (10/04)

Principal Place of Business

5000 GRIFFIN ROAD
DAVIE FL 33314
US

Mailing Address

5000 GRIFFIN ROAD
DAVIE FL 33314
US

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

65-0612604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALVINO, GILBERTO A
5000 GRIFFIN ROAD
DAVIE FL 33314

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ALVINO, GILBERTO A
5000 GRIFFIN ROAD
DAVIE FL 33314 ☐ Delete

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

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

12. 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 10 or Block 11 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 #

7-15-05 992-2333

2/2

GILBERT'S TOWING

5000 Griffin Road
Davie, FL 33314
Ph: 954-792-0437/954-792-0333
Fax: 954-792-2207

HABLAMOS ESPANOL

Date: 7-21-05

From: _____

To: _____

Message:

To whom it may concern:

I never received a letter stating that the documents enclosed were rejected.
I just received paperwork on 7-15 stating that I needed to file for the A.P.C
And I know I had already done that on March 7 05. After speaking to one of your
agents I was notified that this letter must accompany the documents.

Thank you very much and have a wonderful day.

Art P. Pless