

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

03-11-2002 90013 004 ***158.75

DOCUMENT # P95000087604

1. Entity Name
N.P. AUTO REPAIR, INC.

Principal Place of Business
N.P. AUTO REPAIR INC
10842 SW 188 ST
MIAMI FL 33157
US

Mailing Address
11250 SOUTHWEST 200 STREET
MIAMI FL 33157



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0621663**

Applied For
 Not Applicable

Zip Country

Zip Country

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

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name **NIRANJAN P. SEEPERSAUD**
 Street Address (P.O. Box Number is Not Acceptable)
11250 S.W. 200ST.
 City **MIAMI** FL Zip Code **33157.**

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 **NIRANJAN P. SEEPERSAUD** **PRESIDENT** **Niranjan P. Seepersaud** **3-27-02**
 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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE
 NAME **PSTD**
 STREET ADDRESS **SEEPERSAUD, NIRANJAN P**
 CITY-ST-ZIP **11250 SOUTHWEST 200 STREET**
MIAMI FL 33157 ☐ Delete

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **V P**
 NAME **KAMESHWAR SEEPERSAUD** ☐ Change ☒ Addition
 STREET ADDRESS **11250 S.W. 200ST**
 CITY-ST-ZIP **MIAMI FL. 33157.**

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

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

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: **Niranjan P. Seepersaud**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-02 **305-253-1598**
 Date Daytime Phone #

CR2E034 (9/01)