

2002 UNIFORM BUSINESS REPORT (UBR)

09-16-2002 90088 032 550.00
P95000094296

DOCUMENT # P95000094296

1. Entity Name
BRANDON REPAIR SHOP, INC.

Principal Place of Business
1018 W BRANDON BLVD BLDG 7
BRANDON FL 33511

Mailing Address
1018 W BRANDON BLVD BLDG 7
BRANDON FL 33511

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 65-0468194

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

HIAZI, JEHAD Y
9715 LITTLE POND WAY
TAMPA FL 33647

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 NAME STREET ADDRESS CITY-ST-ZIP	HIAZI, JEHAD Y 9715 LITTLE POND WAY TAMPA FL 33647 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HIAZI, JEHAD Y 19103 Cormorant Cove Place Tampa, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-2002

FILED

02 NOV 25 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

Page 2 of 2

BRANDON REPAIR SHOP
Honda-Acura Specialists
1018 W. Brandon Blvd. #7
Brandon, FL 33511
653-4058

Florida Department Of State
Attn.: Tyron Scott
Fax : (850) 245-6017

RE : P95000094296

Dear Mr. Scott :

Per your request I am writing this letter as the DIRECTOR for Brandon Repair Shop Inc.

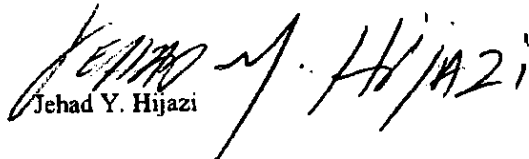
My name is Jehad Youssef Hijazi and I am the Director for Brandon Repair Shop Inc.

My address is 19103 Cormorant Cove Place , Tampa, Florida 33647

My telephone number is (813) 653-4058. Should you have any question please do not

Hesitate to call. Your attention to this matter is greatly appreciated.

Sincerely :


Jehad Y. Hijazi

Director.