

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**  
 03-20-2000 90005 047 \*\*\*150.00

DOCUMENT # **P95000095935**

1. Entity Name  
**A & J CAR WASH INC** ✓

Principal Place of Business Mailing Address  
**847 SOUTHERN BLVD. W. PALM BEACH, FL 33411**  
**410 S. PANEGRIE, P.A. UNION CITY, N.J. 07087**


**C0039354**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0627211		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		Country			
		07087		Hudson			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ANGEL R. FERNANDEZ</b> <b>1832 17TH AVE. NORTH</b> <b>LAKE WORTH, FL. 33461</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.

SIGNATURE  DATE **2/2/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
	ANGEL R. FERNANDEZ	1832-17TH AVE. NORTH			
	LAKE WORTH, FL 33461				
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
	VICE-PRES.	1832-17TH AVE. NORTH			
	LAKE WORTH, FL 33461				
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS

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 a power like empowered.

SIGNATURE  DATE **2/2/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)