01/02

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 NOV -6 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000095935

1. Entity Name
A & J Car Wash, Inc.

DO NOT WRITE IN THIS SPACE

700008819647
11/06/02--01036--012 **300.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
841 Southern Blvd Suite, Apt. #, etc.	% Jorge L. Pasqua 512-35th, St Suite, Apt. #, etc.
City & State West Palm Beach FL	City & State Union City, NJ
Zip 33405 Country	Zip 07087 County Hudson

4. FEI Number 65-0627211 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Angel Fernandez

Street Address (P.O. Box Number is Not Acceptable): 1832 17th Ave North

City: Lake Worth FL Zip Code: 33460

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: [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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 STREET ADDRESS CITY-ST-ZIP	Pres. Angel Fernandez 1832 17th Ave North Lake Worth FL 33460
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 11/1/02 Daytime Phone #

CR2E034B (12/01)