

01/02  
A & J

**FOR PROXY CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 NOV -6 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **795000095935**  
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  
**877 Southward Blvd. Long L. Piquette**  
Suite, Apt. #, etc.  
**512-35th ST**  
City & State  
**West Palm Beach FL**  
Zip  
**33405** Country  
Zip  
**07087** Country  
**Hudson**

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

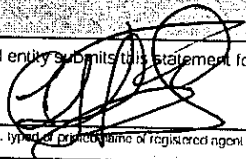
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**Angel Fernandez**  
Street Address (P.O. Box, Apartment, Not Applicable)  
**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

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**

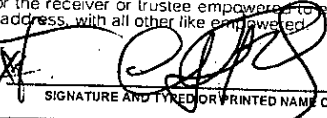
|                                                    |                                                                                  |
|----------------------------------------------------|----------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>Pres.<br/>Angel Fernandez<br/>1832 17th Ave North<br/>Lake Worth FL 33460</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                  |
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**DO NOT WRITE IN THIS SPACE**

**11/13**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

Daytime Phone #

CR2E034B (12/01)