

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097022

1. Entity Name  
**ENGINE REPAIR INCORPORATED**

Principal Place of Business  
**1905 NW 40TH CT  
POMPANO BEACH FL 33064**

Mailing Address  
**MIGHTY AUTOMOTIVE  
2204 MIDDLE COUNTRY RD.  
CENTEREACH NY 11720**

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 **65-0628110**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JOSEPHSON, DOUGLAS  
5851 HOLMBERG ROAD  
PARKLAND FL 33067**

7. Name and Address of New Registered Agent

Name **JOSEPHSON DOUGLAS**  
Street Address (P.O. Box Number is Not Acceptable)  
**10872 TAMAROW LANE**  
City **BOCA RATON** FL Zip Code **33492**

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 **1-25-01**

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, 2001 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 **P**  
NAME **COLANTONIO, RONALD F**  
STREET ADDRESS **136 MAIN AVE.**  
CITY-ST-ZIP **LAKE GROVE NY 11755**  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**  
NAME **COLANTONIO RONALD**  
STREET ADDRESS **2402 NICOLE DR**  
CITY-ST-ZIP **PORT JEFFERSON STATION NY 11776**  
☒ Change ☐ Addition

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

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90102 044 \*\*\*150.00

**00014707**



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)