

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011699

1. Entity Name

MG AUTO TECNICAL, INC.

FILED

May 15, 2000 8:00 am  
Secretary of State

05-15-2000 90159 016 \*\*\*150.00

Principal Place of Business

Mailing Address

2791 W 3RD AVE  
HIALEAH FL 33010

2791 W 3RD AVE  
HIALEAH FL 33010-1405

2. Principal Place of Business

3. Mailing Address

2791 WEST 3 AV

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

HIALEAH Florida

SAME

City & State

City & State

33010 DADC

HIALEAH Florida

Zip

Country

Zip

Country

33010

DADC



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0639900

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

GRANADOS, EFRAIN  
18624 NW 47TH PL  
MIAMI FL 33035

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.

SIGNATURE

Efrain Granados

(NOTE: Registered Agent signature required for 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 \$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	PS	<input type="checkbox"/> Delete
NAME	GRANADOS, EFRAIN	
STREET ADDRESS	18624 N.W. 47 PL.	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Efrain Granados

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04-28-00

Daytime Phone #

(305) 863-0377

CR2E034 (9/99)