

5/20

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 11, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90075 048 \*\*\*150.00

**DOCUMENT # P96000046816**

1. Entity Name

**MASSOLA AUTO REPAIR, INC.**

Principal Place of Business

1836 LATHAM RD  
 BLDG 4 BAY 1836  
 WEST PALM BEACH FL 33409

Mailing Address

1836 LATHAM RD  
 BLDG 4 BAY 1836  
 WEST PALM BEACH FL 33409

**38586**

2. Principal Place of Business

3. Mailing Address

1401 Village Blvd #122  
 Suite, Apt. #, etc.  
 #122

Suite, Apt. #, etc.

City &amp; State

City &amp; State

West Palm Beach - FL

Zip

Country

Zip

Country

4. FEI Number

65-0795154

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MASSOLA, ALBERTO E  
 13311 59TH CT N  
 ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name **MASSOLA, MARIA G.**  
 Street Address (P.O. Box Number is Not Acceptable)  
 1401 Village Blvd #122  
 City **West Palm Beach** FL Zip Code **33409**

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 reinstating)

DATE

6/26/02

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	MASSOLA, MARIA G.	
STREET ADDRESS	13311 59TH CT N	1401 Village Blvd #122
CITY-ST-ZIP	ROYAL PALM BEACH FL	West Palm Beach - FL 33409
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MASSOLA, ALBERT E	
STREET ADDRESS	13311 59TH CT N	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
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)(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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

04-29-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)