

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

DOCUMENT # **P96000059941**

1. Entity Name

Repairs of Amplifiers & V. Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16044 SW 87th Terr

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FILED

03 JAN -9 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

4. FEI Number

65-068430

Applied For

Not Applicable

Zip

33193

Country

Zip

Country

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

Douglas Flores

Street Address (P.O. Box Number is Not Acceptable)

16044 SW 87th Terr

City

Miami

FL

Zip Code

33193

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

Douglas Flores
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 *DP*
NAME *DOUGLAS FLORES*
STREET ADDRESS *16044 SW 87th Terr*
CITY-ST-ZIP *Miami, FL 33193*

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01/23/03--01004--007 **300.00

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IN THIS SPACE**

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:

Douglas Flores

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

282

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of
~~\$300.00~~ \$150.00 for the annual report fee with my application.

I did not receive the U.B.R. for the year, 2002, or any other notice from the Division of
Corporations in respect with my Corporation **REPAIRS OF AMPLIFIERS T.V. INC.**

Thank you for your courtesy in this matter.


DOUGLAS FLORES
PRESIDENT