

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P97000002186

1. Entity Name

HECTOR CAR WASH, INC

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

6185 Miami Lakes Drive 6185 Miami Lakes Drive
Miami Lakes, Fl. 33014 Miami Lakes, Fl. 33014

2. Principal Place of Business

6185 Miami Lakes Drive

3. Mailing Address

the same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami Lakes, Florida

City & State

4. FEI Number

65-0722655

Applied For

Not Applicable

Zip
33014

Country
Miami-Dade

Zip

Country

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

HECTOR GARCIA
15473 Dunford Drive
Miami Lakes, Fl. 33014

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

Hector Garcia

09-15-2000

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) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD HECTOR GARCIA 15473 Dunford Drive Miami Lakes, Fl. 33014	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Hector Garcia

President

09-15-2000 (305)828-0100

Date

Spanish Only

CR2E034 (5/00)

KE

2 of 2

Miami Lakes, Fl, September 15, 2000

FLORIDA DEPT OF STATE
Division of Corporations
P.O. 6327
Tallahassee, Fl. 32314.

Ref: Document # P97000002186
HECTOR CAR WASH INC
6185 Miami Lakes Drive
Miami Lakes, Fl. 33014

Dear officer:

Enclose please find the Corporate Annual Report for year 2000 and check for the amount \$ 150.00 as an annual fees.

We can't understand the problem with this and the 1999 report, that never was received by me, and the last year we paid almost \$ 1,000.00 for reinstatement, fees, etc.

This year we have the same problem with the form and my accountant have to call to your department asking for the form.

Our business is operated by me and my wife only and the income is to low, we can't afford the payment for the year 2000 if we have to pay the total amount for reinstatement that we paid the last year.

I appreciate that void the penalties for this year, and I expect to receive the forrest of form for the next year to be paid on time!

Thank you for your help in this matter,

Sincerely


HECTOR GARCIA - President.