

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P97000002186

1. Entity Name
HECTOR CAR WASH, INC

FILED

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Principal Place of Business Mailing Address
6185 Miami Lakes Drive 6185 Miami Lakes Drive
Miami Lakes, Fl. 33014 Miami Lakes, Fl. 33014

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Place of Business 3. Mailing Address
6185 Miami Lakes Drive the same
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
Miami Lakes, Florida 65-0722655 Not Applicable
Zip Country 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. **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 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Spanish Only

CR2E034 (5/00)

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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 afforit 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 correstofdrm for the next year to be paid on time!

Thank you for your help in this matter,

Sincerely


HECTOR GARCIA - President.