

2001 UNIFORM BUSINESS REPORT (UBR)

Amended
DOCUMENT # P97000002186

1. Entity Name

P97000002186
HECTOR CAR WASH INC

Principal Place of Business

Mailing Address

61850 Miami Lakes DR E
Miami Lakes, Fl.
33014-2407

14901 Egan Lane
Miami Lakes, Fl.
33014

2. Principal Place of Business

6185 Miami Lakes DR E

3. Mailing Address

14901 Egan Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Lakes, Fl -

City & State

Miami Lakes, Fl.

Zip

33014-2407

Country

Miami-Dade

Zip

33014

Country

Miami-Dade

4. FEI Number

65-0722655

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 OCT 12 PM 4:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HECTOR GARCIA

14901 Egan Lane
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

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 \$150.00

After MAY 1, 2001 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 PST
NAME HECTOR GARCIA
STREET ADDRESS 14901 Egan Lane
CITY-ST-ZIP Miami Lakes, Fl. 33014

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

400004669764--1
-11/06/01--01084--022
*****61.25 *****61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE D
NAME MARLEN D RODRIGUEZ
STREET ADDRESS 14901 Egan Lane
CITY-ST-ZIP Miami Lakes, Fl. 33014

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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: (X) *Hector Garcia* Hector Garcia-President (305)828-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)