

2000 UNIFORM BUSINESS REPORT (UBR)



DOCUMENT # **PG1000003701**

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
INTERNATIONAL AUTOS UPHOLSTERY, INC
W-5907

Principal Place of Business Mailing Address
1220 RIVER LAND RD
FORT LAUDERDALE FL.
33309
SAME

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

[Handwritten signature]

DO NOT WRITE IN THIS SPACE

4. FEI Number **650721063** Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HERIBERTO ORTEGA
1220 RIVER LAND RD
FORT LAUDERDALE
FL. 33309

7. Name and Address of New Registered Agent
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 *[Handwritten 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, 2000 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
TITLE NAME ☐ Delete
PRESIDENTE
HERIBERTO ORTEGA
1220 RIVER LAND RD
FORT LAUDERDALE FL 33309
TITLE NAME ☐ Delete
TITLE NAME ☐ Delete
TITLE NAME ☐ Delete
TITLE NAME ☐ Delete
TITLE NAME ☐ Delete
TITLE NAME ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME ☐ Change ☐ Addition
TITLE NAME ☐ Change ☐ Addition
TITLE NAME ☐ Change ☐ Addition
TITLE NAME ☐ Change ☐ Addition
TITLE NAME ☐ Change ☐ Addition
TITLE NAME ☐ 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: *[Handwritten signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)



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 \$450.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my corporation **INTERNATIONAL AUTO'S UPHOLSTERY, INC** Thank you for your courtesy in this matter.

HERIBERTO ORTEGA
President