

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000005607

1. Entity Name

RUDI'S IMPORT AUTO REPAIR, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90007 039 ***150.00

Principal Place of Business 708 E SEMINOLE AVE MELBOURNE FL 32901 US	Mailing Address 708 E SEMINOLE AVE MELBOURNE FL 32901-4630 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3421864	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORRENTI, PETER J ESQ. 498 PALM SPRINGS DRIVE, SUITE 100 ALTAMONTE SPRINGS FL 32701	7. Name and Address of New Registered Agent Name: Rodolfo Garcia Roche Street Address (P.O. Box Number is Not Acceptable): 883 Parsons Cir. S.E. City: Palm Bay FL Zip Code: 32909
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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: Rodolfo Garcia Roche DATE: 4-6-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA ROCHE, RODOLFO 883 PARSONS CIR S E PALM BAY FL 32909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARCIA, E RHONDA 883 PARSONS CIR S E PALM BAY FL 32909 <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 807, 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: Rodolfo Garcia Roche 4-6-2000 (321) 768-1145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)