

DOCUMENT # P97000016083

1. Entity Name  
EQUIPMENT REPAIR CO., INC.

Principal Place of Business

1520 NW 120 ST  
MIAMI FL 33167

Mailing Address

1520 NW 120 ST  
MIAMI FL 33167

2. Principal Place of Business

8770 N.W. 17<sup>TH</sup> CT  
Suite, Apt. #, etc.  
PEMBROKE PINES, FLA.  
City & State  
33024 BROWARD  
Zip Country

3. Mailing Address

← SAME  
Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0742049

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLUE, JAMES A JR.  
1180 NW 134TH ST  
MIAMI FL 33168

7. Name and Address of New Registered Agent

Name

JAMES A. BLUE JR

Street Address (P.O. Box Number is Not Acceptable)

17004 GRIFFIN ROAD

SOUTH WEST RANCHES, FL. 33331

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)

1/5/2001  
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

TITLE P  
NAME BLUE, JAMES A JR.  
STREET ADDRESS 1180 NW 134TH ST  
CITY-ST-ZIP MIAMI FL 33167 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME BLUE, JAMES A. JR. ☐ Change ☐ Addition  
STREET ADDRESS 8770 NW 17 CT  
CITY-ST-ZIP PEMBROKE PINES FL. 33024

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: James A. Blue JR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2001 954-392-6446  
Date Daytime Phone #

FILED  
Jan 13, 2001 8:00 am  
Secretary of State

01-13-2001 90037 001 \*\*\*\*\*8.75

01-13-2001 90037 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)