

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *P.97 0000 44064*

1. Corporation Name
UNITED REPAIR CORPORATION

Principal Place of Business <i>1380 JULIO LANE ORLANDO, FL 32807</i>	Mailing Address <i>1380 JULIO LANE ORLANDO, FL 32807</i>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05-15-97

4. FEI Number
59-3445260

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

*HAM LAM
1380 JULIO LANE
ORLANDO, FL 32807*

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE *HAM LAM* (Signature of person accepting appointment as registered agent or director, or both, in the State of Florida) (Date) *4-30-98*

12. OFFICERS AND DIRECTORS

TITLE	<i>P.D.</i>	☐ DELETE
NAME	<i>LAM, HAM</i>	
STREET ADDRESS	<i>1380 JULIO LANE</i>	
CITY-ST-ZIP	<i>ORLANDO, FL 32807</i>	
TITLE	<i>V.P.D.</i>	☐ DELETE
NAME	<i>LAM, WILSON</i>	
STREET ADDRESS	<i>1380 JULIO LANE</i>	
CITY-ST-ZIP	<i>ORLANDO, FL 32807</i>	
TITLE	<i>T.D.</i>	☐ DELETE
NAME	<i>LUONG, HOA</i>	
STREET ADDRESS	<i>1380 JULIO LANE</i>	
CITY-ST-ZIP	<i>ORLANDO, FL 32807</i>	
TITLE	<i>S.D.</i>	☐ DELETE
NAME	<i>LAM, LAP</i>	
STREET ADDRESS	<i>1380 JULIO LANE</i>	
CITY-ST-ZIP	<i>ORLANDO, FL 32807</i>	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. 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 annual report or supplementing filing 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *HAM LAM* *HAM LAM PRESIDENT* *4-28-98* *407-888-7144*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)