

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90294 003 ***150.00

DOCUMENT # P97000046315

1. Entity Name
PRO-JAPANESE CAR REPAIRS, INC.

Principal Place of Business
**13825 SW 139TH COURT
MIAMI FL 33186**

Mailing Address
**13825 SW 139TH COURT
MIAMI FL 33186**



2. Principal Place of Business
12021 SW 114 PL
Suite, Apt. #, etc.

3. Mailing Address
12021 SW 114 PL.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL.
Zip
33176

City & State
MIAMI FL
Zip
33176

4. FEI Number
65-0761923 **APPLIED FOR 782512.**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DUENAS, EDUARDO
5034 SW 147 PL
MIAMI FL 33185**

7. Name and Address of New Registered Agent

Name **EDUARDO G. DUENAS**
Street Address (P.O. Box Number is Not Acceptable)
12021 SW 114 PL.
City **MIAMI** FL Zip Code **33176**

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)

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, 2002 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 **D** ☐ Delete
NAME **DUENAS, EDUARDO**
STREET ADDRESS **5034 SW 147TH PL**
CITY-ST-ZIP **MIAMI FL 33185**

TITLE **D** ☐ Delete
NAME **DUENAS, OLGA**
STREET ADDRESS **5034 SW 147TH PL**
CITY-ST-ZIP **MIAMI FL 33185**

TITLE **D** ☐ Delete
NAME **DUENAS, VANESSA**
STREET ADDRESS **5034 SW 147TH PL**
CITY-ST-ZIP **MIAMI FL 33185**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-02

CR2E034 (9/01)