

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN -4 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000053019

1. Entity Name

ROILAN'S AUTO SERVICES INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
27 N.W. 57 Avenue

Suite, Apt. #, etc.

3. Mailing Address  
27 N.W. 57 Avenue

Suite, Apt. #, etc.

City & State  
Miami, FL

Zip

33126

Country

USA

City & State  
Miami, FL

Zip

33126

Country

USA

4. FEI Number  
58-2324342

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent-

Name  
Roilan Goenaga

Street Address (P.O. Box Number is Not Acceptable)  
27 NW 57 Avenue

City  
Miami FL Zip Code  
33126

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)

DATE

6/03/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☒

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
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  
D, P  
GOENAGA, ROILAN  
STREET ADDRESS  
27 NW 57 Ave  
CITY-ST-ZIP  
Miami, FL 33126

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/03/02

Date

Daytime Phone #

CR2E034B (12/01)