

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P971000064158

1. Entity Name

FINA CAR REPAIRS INC

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90432 042 ***158.75

Principal Place of Business

Mailing Address

4545 S. LAKE DRIVE

8641 E

Boynton Beach FL 33436

00100420

2. Principal Place of Business

4545 S. LAKE DRIVE

3. Mailing Address

8641 E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Boynton Beach FL

Boynton Beach FL

65-0769111

Not Applicable

Zip

Country

Zip

Country

33436

P.B. CO

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

John TROYON
4545 S. LAKE DRIVE
Boynton Beach FL 33436

Name

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

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

John TROYON

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/00

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, 2000 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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
John TROYON
4545 S. LAKE DRIVE
Boynton Beach FL 33436

☐ Delete

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

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☐ 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:

John TROYON

Date

Daytime Phone #

4/30/00

561-993-3000

CR2E034 (9/99)