

2005 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90278 012 ***150.00

DOCUMENT # P97000068975	
1. Entity Name LIZARDO AUTO REPAIRS, INC.	

Principal Place of Business 12523 SW 130TH ST MIAMI FL 33186	Mailing Address 12523 SW 130TH ST MIAMI FL 33186
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60040111



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHICA, JOSE LIZARDO 12523 SW 130TH ST MIAMI FL 33186
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State

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. I am familiar with and accept the obligations of registered agent.

SIGNATURE: Lizardo Chica 04-20-05
Signature of Registered Agent (Printed Name) (Date) (Signature of Registered Agent) (Date)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Section Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P NAME LIZARDO CHICA, JOSE STREET ADDRESS 12523 SW 130TH ST CITY-STATE-ZIP MIAMI FL 33186	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete

11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information furnished in this filing does not violate the exemption stated in Section 607.04(1)(b) of the Florida Statutes, which requires that the information be true and accurate and that the signature shall have the same legal effect as if made by the person whose name is on the report or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that the information is not changed or on an attachment with an address with all other information.

SIGNATURE: Lizardo Chica 04-20-05 305-235-2856
Signature and Typed or Printed Name of Signing Officer or Director

CR2E034 11/07/05

ATTACHMENT

P97000068978/20046711

04-20-05

Florida Department of State
Report Annual corporation.

Hay les envío un formulario del año 2005, es una copia con modificaciones por que el negocio nunca recibió un formulario original para mandar el pago de los \$150.

Nota: Tome como ultima opción hacer esto, se que no es lo más correcto, pero no me toco de otra. No quiero correr el riesgo de una multa por esperar un formulario que ustedes nunca mandaron OK?

Gracias por la atención que se dignen darle a esta nota.

Atte Lizardo Auto Repair
Lizardo Chica

12523 SW 130 ST

Miami Florida 33186

Telefono (305) 235-2856