

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91835 014 ***150.00

DOCUMENT # P97000073889

1. Entity Name
NATIONS AUTO WORKS, INC.



Principal Place of Business
**5100 N.W. 15 STREET
MARGATE FL 33063**

Mailing Address
**7911 E. KIMBERLY BLVD.
NORTH LAUDERDALE FL 33068
US**

2. Principal Place of Business

3. Mailing Address
5100 NW 15th ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
E-F

City & State

City & State
MARGATE

4. FEI Number **65-0776990**

Applied For
Not Applicable

Zip

Country

Zip

Country

33063 **Blawie**

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

**DIAZ, DANIEL
7911 E. KIMBERLY BLVD.
N. LAUDERDALE FL 33068**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **DIAZ, DANIEL**
STREET ADDRESS **7911 KIMBERLY BLVD.**
CITY-ST-ZIP **N. LAUDERDALE FL 33068**

TITLE **V.P., SECRETARY** ☐ Change ☒ Addition
NAME **DANIEL DIAZ**
STREET ADDRESS **1071 NW 50th Ave**
CITY-ST-ZIP **MARGATE FL 33068**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL DIAZ President

4/20/03 954-969-7679
Date Daytime Phone #

CR2E034 (10/02)