

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2003 8:00 am
Secretary of State

06-23-2003 90061 025 ***550.00

DOCUMENT # P97000078249

1. Entity Name
B.J. AUTO REPAIR, INC.



Principal Place of Business

~~1840 W 49TH ST~~
~~SUITE #404~~
~~HALEAH, FL 33012~~

Mailing Address

~~1840 W 49TH ST~~
~~SUITE #404~~
~~HALEAH, FL 33012~~

2. Principal Place of Business

12398 SW 128 STREET

Suite, Apt. #, etc.
105

City & State

MIAMI, FL

Zip

33186

Country

3. Mailing Address

1200 NW 78 AVENUE

Suite, Apt. #, etc.
216

City & State

MIAMI, FL

Zip

33126

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0782445

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONTRERAS, RAFAEL

~~1840 W 49TH ST~~

~~SUITE #404~~

~~HALEAH, FL 33012~~

Name

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

14888 SW 71 LANE

City

MIAMI

FL

Zip Code

33193

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

D
CONTRERAS, RAFAEL
1488 SW 71 LANE
MIAMI, FL 33193

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

14888 SW 71 LANE

TITLE
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CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 274 6444

CR2E034 (10/02)