

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 02, 2001 8:00 am**
Secretary of State

03-02-2001 90046 040 ***158.75

DOCUMENT # P97000083304**1. Entity Name**
CARFIX, INC.**Principal Place of Business****2000 SW 8TH ST**
MIAMI FL 33135
US**Mailing Address****C/O ERNESTO SANCHEZ P.A.**
814 PONCE DE LEON BLVD. #505
CORAL GABLES FL 33134
US**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0786631**

Applied For

Not Applicable

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****SANCHEZ, ERNESTO P.A.**
814 PONCE DE LEON BLVD.
SUITE 505
CORAL GABLES FL 33134

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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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** **D** ☐ Delete
NAME **SANZ, JOSE**
STREET ADDRESS **199 OCEAN LANE DRIVE, APT. 1005**
CITY-ST-ZIP **KEY BISCAYNE FL 33149****TITLE** **DPS** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/12/01

305.442.0505

CR2E034 (10/00)