2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P97000092377 **DOCUMENT #**

1. Entity Name



FILED Mar 20, 2003 8:00 am Secretary of State

C&TA	uto repair, inc.					03-20-2003	90152 ()05 ***1	50.00
3420 45TH S	nce of Business ST BEACH FL 33407	Mailing Address 3420 45TH ST WEST PALM BEACH FL	. 33407			NJAPOK SID JOHN INGH NEWA P	Alkı Astat Palı		11/110 1 00 14 1 06 0 10 8 0
Principal Place of Business 3. Mailing Address					_				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Nur	4. FEI Number 65-0792970			Applied For Not Applicable	
Zip	Country	Zip	Coun	try	5. Certifica	ate of Status Desired		\$8.75 Fee Req	Additional
	6. Name and Address of Current	Registered Agent			7. Name a	nd Address of New I	Registered	Agent	· · · · · · · · · · · · · · · · · · ·
		ويان مراج بحثي، «حجيب عاد» د	ر د دوسود و	Name		las -			
VON WALTER, EDUARDO						nber is Not Acceptable			-
3420 45TH STREET				Olicet Address	T(T.O. DOX NOT		=)		
WEST PA	LM BEACH FL:33407								-
				City		, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	FI		i
8. The above the obliga	e named entity submits this statement for tions of registered agent.	r the purpose of changing it	ts registere	d office or registe	ered agent, or t	ooth, in the State of Flo	orida. İ am	ı familiar w	ith, and accept
SIGNATURE				•					
. 0.0.0,02	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	Agent signature require	ed when reinstating)	····	DATE	···	
	· · · · · · · · · · · · · · · · · · ·								
· F	ILE NOW!!! FEE IS \$150.00					•			-
• Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		, ,	,	Election Campaign Fir Trust Fund Contributio			5.00 May Be ded to Fees
• Afte	r May 1, 2003 Fee will be \$550.00	9	11.			Trust Fund Contributio	n. I	∟ Ad	ded to Fees
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I nereby 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: