2000 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 09, 2000 8:00 am Secretary of State DOCUMENT # P98000002804 1. Entity Name SUAREZ AUTO REPAIR, INC. 08-09-2000 90080 030 ***150.00 Principal Place of Business Mailing Address 1747 N.W. 23 STREET 1747 N.W. 23 STREET MIAMI FL 33142 MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0814913 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAAVEDRA, JOSE A ESQ Street Address (P.O. Box Number is Not Acceptable) 1428 BRICKELL AVENUE 8TH FLOOR **MIAMI FL 33131** Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min, will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition TITLE D ☐ Detete TITLE ☐ Change SUAREZ, LORENZO NAME NAME STREET ADDRESS STREET ADDRESS 1747 N.W. 23 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33142 ☐ Addition Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE - [-] Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Date

Daytime Phone #

IGNATURE AND TYPELOR PRINTED NAME OF SIGNING OFFICER OR DIVECTOR

attachment

THE LAW OFFICES OF JOSE A. SAAVEDRA

1428 Brickell Avenue Eighth Floor Miami, FL 33131 D0076521

Phone: (305) 372-3334 Fax: (305) 372-0311

Member Florida Bar Certified Public Accountant LLM Taxation N.Y.U.

July 26, 2000

Annual Report Filing Section P.O. Box 6327 Tallahassee, Florida 32314

Re: Suarez Auto Repair, Inc. (FEI Number 65-0814913)

Dear Annual Report Filing Section:

I represent Suarez Auto Repair, Inc. and its owner Lorenzo Suarez. Neither I nor Lorenzo Suarez whose business is located at 1747 N.W. 23 Street, Miami, Florida 33142, received the first notice concerning the 2000 Uniform Business Report (the "Annual Report"). I have attached an affidavit signed by Lorenzo Suarez stating under oath and under penalty of perjury, that he never received the first annual report. It appears that either the postal service or your office failed to properly deliver this initial report.

Could you be so kind as to waive the late penalty and accept the enclosed check for \$150.00. Thank you for your kind consideration. Please call me if you have any questions.

Cordially yours,

Jose A. Saavedra, Esq.

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JAS/ei

cc: Lorenzo Suarez

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Affidavit of Lorenzo Suarez

STATE OF FLORIDA)
COUNTY OF DADE)

Before me, the undersigned authority personally appeared Lorenzo Suarez, who after being duly sworn under oath, deposes and says:

- 1. I am the 100% owner and sole officer of Suarez Auto Repair, Inc.
- 2. I receive and handle all the mail and bills that come to Suarez Auto Repair, Inc. located at 1747 N.W. 23 Street, Miami, Florida 33142.
- 3. Both myself and Suarez Auto Repair, Inc. have excellent credit and we pride ourselves in paying our bills timely,
- 4. I did not receive the Annual Report pertaining to Suarez Auto Repair, Inc. for the year 1999.
- 5. The first notice I received was the enclosed notice which stated that the fee was now \$550.00.

FURTHER AFFIANTS SAYETH NAUGHT

Lorenzo Suarez

SWORN TO AND SUBSCRIBED before me on this ______ day of July, 2000.

Notary Public

My Commission Expires:

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