

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90014 001 ***150.00

DOCUMENT # P98000003357

1. Entity Name
HYPOLUXO TIRE & AUTO CENTER INC.



Principal Place of Business
4601-A HYPOLUXO RD
LAKE WORTH, FL 33463

Mailing Address
1509 1323 LYONS ROAD
COCONUT CREEK, FL 33063



02132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0802849

| |
|----------------|
| Applied For |
| Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

ORETSKY, LLOYD
1509 LYONS RD
COCONUT CREEK, FL 33063

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | P |
| NAME | ORETSKY, LLOYD |
| STREET ADDRESS | 1509 LYONS ROAD |
| CITY-ST-ZIP | COCONUT CREEK, FL 33063 |
| TITLE | V |
| NAME | ORETSKY, JUDITH |
| STREET ADDRESS | 1509 LYONS ROAD |
| CITY-ST-ZIP | COCONUT CREEK, FL 33063 |
| TITLE | S |
| NAME | ORETSKY, JOSHUA |
| STREET ADDRESS | 1509 LYONS ROAD |
| CITY-ST-ZIP | COCONUT CREEK, FL 33063 |
| TITLE | T |
| NAME | ORETSKY, TODD |
| STREET ADDRESS | 1509 LYONS RD. |
| CITY-ST-ZIP | COCONUT CREEK, FL 33063 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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 #

J. Oretsky

26564 856.975-0888