## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 14, 2000 8:00 am Secretary of State DOCUMENT # **P98000009591** U.S. REPAIR & PURCHASING CO. 04-14-2000 90079 031 \*\*\*158.75 Principal Place of Business Mailing Address 13851 SW 84TH COURT 13851 SW 84TH COURT MIAMI FL 33158 MIAMI FL 33186-8522 2. Principal Place of Business 3. Mailing Address Terr. 11817 SW 11817 SW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0812555 Mlami Not Applicable Country U.S. A \$8.75 Additional 5. Certificate of Status Desired 186 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KUKER, HOWARD L Street Address (P.O. Box Number is Not Acceptable) 9200 SO. DADELAND BLVD SUITE 508 **MIAMI FL 33156** 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ANDRESS ONLY) **K** Change ☐ Addition D ☐ Delete TITLE KHOURY, VICTOR N NAME NAME 817 SW 90 Terr. STREET ADDRESS 13851 SW 84TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33158 ■ Addition Change ☐ Delete TITLE . TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE

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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS