

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046132

1. Entity Name

TIM AUTO SERVICE INC.

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90031 002 \*\*\*150.00

Principal Place of Business

12500 S.W. 130 ST. BAY 17  
MIAMI FL 33185

Mailing Address

12500 S.W. 130 ST. BAY 17  
MIAMI FL 33186-6223

2. Principal Place of Business

12500 SW 130 ST  
Suite, Apt. #, etc. 17

3. Mailing Address

12500 SW 130 ST  
Suite, Apt. #, etc. 17

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0842021

Applied For

Not Applicable

Zip

33185

Country

USA

Zip

33185

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HENRIQUEZ, ROBERTO J  
12500 S.W. 130 ST. BAY 17  
MIAMI FL 33185

7. Name and Address of New Registered Agent

Name

ROBERTO J HENRIQUEZ

Street Address (P.O. Box Number is Not Acceptable)

12500 SW 130 ST

City

MIAMI

FL

Zip Code

33185

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, 2000 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

TITLE PS  
NAME HENRIQUEZ, ROBERTO J  
STREET ADDRESS 12500 S.W. 130 ST. BAY 17  
CITY-ST-ZIP MIAMI FL 33185 ☐ Delete

TITLE SD  
NAME ESPINOSA, GLORIA M  
STREET ADDRESS 12500 S.W. 130 ST. BAY 17  
CITY-ST-ZIP MIAMI FL 33185 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Robert J Henriquez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-24-2000 786-242-8000

Daytime Phone #