

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046132

1. Entity Name
TIM AUTO SERVICE INC.

Principal Place of Business: **12500 S.W. 130 ST. 17 MIAMI FL 33185**
Mailing Address: **12500 S.W. 130 ST. 17 MIAMI FL 33185**

2. Principal Place of Business: **12540 SW 130th St #546**
3. Mailing Address: **12540 SW 130th St #546**

Suite, Apt. #, etc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
01 SEP 25 AM 9:52



DO NOT WRITE IN THIS SPACE

City & State: **miami FL** City & State: **miami FL**

4. FEI Number: **65-0842021** Applied For: Not Applicable

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. 17 MIAMI FL 33185**

7. Name and Address of New Registered Agent: **12540 SW 130th St #546 Miami FL 33186**

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)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PS	NAME: HENRIQUEZ, ROBERTO J	TITLE: _____	NAME: _____
STREET ADDRESS: 12500 S.W. 130 ST. - BAY 17	CITY-ST-ZIP: MIAMI FL 33185	STREET ADDRESS: 12540 SW 130th St #546	CITY-ST-ZIP: Miami FL 33186
TITLE: SD	NAME: ESPINOSA, GLORIA M	TITLE: _____	NAME: _____
STREET ADDRESS: 12500 S.W. 130 ST. - BAY 17	CITY-ST-ZIP: MIAMI FL 33185	STREET ADDRESS: 12540 SW 130th St #546	CITY-ST-ZIP: Miami FL 33186
TITLE: _____	NAME: _____	TITLE: _____	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____	NAME: _____	TITLE: _____	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____	NAME: _____	TITLE: _____	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	STREET ADDRESS: _____	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.

SIGNATURE: *Gloria M Espinosa* Date: **09/12/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

8988900 AV CR2E04 (5/01)