

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059307

1. Entity Name

ATLANTIC CAR CARRIER REPAIRS, INC

Principal Place of Business

Mailing Address

2. Principal Place of Business

39 NW 75th Avenue

Suite, Apt. #, etc.

3. Mailing Address

39 NW 75th Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33175

Country

USA

Zip

33175

Country

USA

4. FEI Number

05-0847395

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Hernandez, Jorge E
39 NW 75th Avenue
Miami, FL 33175

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
Jorge Hernandez
39 NW 75th Avenue
Miami, FL 33175

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500003496615--5
-12/12/00--01030--010

☐ Change ☐ Addition

***150.00 Change ***150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pg. 1

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 30 PM 5:53

12/12/00

ATLANTIC CAR CARRIER REPAIRS, INC
39 NW 75TH AVENUE
MIAMI, FL 33175

Reg. 2
P98-59304

October 15, 2000

Florida Department of State
Tallahassee, Florida 32399

REF: Doc. #P98000059304

To Whom It May Concern:

We are writing to your office because we never received our annual report for the year 2000. As of now we have not received any correspondence in regards to our annual report. We have enclosed a form filled out by hand and a check in the amount of \$150.00. We ask that you please waive the \$400.00 penalty because it was not our fault that we never received any forms or any type of correspondence. We ask that you please reconsider and grant us this one time waiver. Your prompt attention will be greatly appreciated.

Thank you,

Jorge Hernandez