## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR)

P98000063908 **DOCUMENT #** 

1. Entity Name

BEST PRICE AUTO REPAIR. INC.



NAME STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33461  TITLE P MAME GERENA, ELTON L STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33461  TITLE P MAME STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33461  TITLE P MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET AD	<b>5</b> _5,		,										
Suite, Apt. #, etc.   Chy & State   Chy & State   A. FEI Number 65-0843728   Applies For Nor Applies Suite   Chy & State   A. FEI Number 65-0843728   Applies For Nor Applies Suite   Chy & State   A. FEI Number 65-0843728   Applies For Nor Applies Suite   Chy & State   A. FEI Number 65-0843728   Applies For Nor Applies Suite   Chief	445 NE 6TH A	AVE	S	445 N	IE 6TH AVE								
Sulfa, Apt. #, etc.  Sulfa, Apt. #, otc.  City & State  City & FL Zip Code  City & State Address of New Registered Agent  City & FL Zip Code  City & FL Xip City City City City City City City City						_							
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System   S	Suite, Apt	. #, etc.		Suit	te, Apt. #, etc.		<del></del>			☐ CHECK HERE	IF MAKING	G CHANGE	:S
Signature   Sign	City & State			City & State					4. F	El Number <b>65-0843729</b>		<del></del>	
Name   Street Actions   Addition   Street Actions   Str	Zip Country			Zip		Cour	Country			Certificate of Status Desired		\$8.75 A	dditional
GERENA, ELTON L 445 NE 67TH AVE DELRAY BEACH FL 33483  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. It am familiar with, and accept the obligations of registered agent and lite if epictered.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE SOVT OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE SOVT OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE SOVT OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE OFFICERS AND		6. Name	and Address of Curren	t Register	ed Agent				7. N	lame and Address of New I	Registered	Agent	
At 5 NE 6TH AVE DELRAY BEACH FL 33483  City  FL  City  FL  Zip Code  City  Addition  Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code		aran iyo i	s graduit				Name						
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S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE NAME STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-2P  Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete Delete TITLE Delete Dele	DELRAY E	BEACH FL 3	3483									T = - 2	
THE CHIGATIONS of registered agent.  SIGNATURE  Segnoure, hybrid or orininal name of registered agent and site if applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.							City				FL	Zip Co	ode
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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 in changed, or on an attachment with an address, with all other like empowered.	indicated of the cor	l on this repor rporation or th	t or supplemental report i ne receiver or trustee emp	is true and cowered to	accurate and that mexecute this report a	w signat	ure shall ha	ive the sa	me le	egal effect as if made under	oath: that I	am an office	er or director