

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065624

1. Entity Name

D & J AUTO MECHANIC REPAIR, INC.

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90026 007 \*\*\*155.00

Principal Place of Business

9795 NW 7TH AVE  
MIAMI FL 33150

Mailing Address

9795 NW 7TH AVE  
MIAMI FL 33150

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0856595

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANCO, HERNAN  
9795 NW 7TH AVE  
MIAMI FL 33150

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITILE ☐ Delete  
NAME FRANCO, HERNAN  
STREET ADDRESS 9795 N.W. 7TH AVENUE  
CITY-ST-ZIP MIAMI FL 33150

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

S ☐ Delete  
NAME FRANCO, LILIA  
STREET ADDRESS 9795 N.W. 7TH AVENUE  
CITY-ST-ZIP MIAMI FL 33150

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

P ☐ Delete  
NAME FRANCO, JESSICA A  
STREET ADDRESS 9795 NW 7TH AVE  
CITY-ST-ZIP MIAMI FL 33150

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

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Delete  
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☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
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, and all other like empowered.

SIGNATURE:

*Hernan Franco*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01

Date

Daytime Phone #

(305) 758-7111

CR2E034 (10/00)

0186345