

# 2002 UNIFORM BUSINESS REPORT (UBR)

0047125  
AV

DOCUMENT # **P98000065624**

1. Entity Name  
**D & J AUTO MECHANIC REPAIR, INC.**

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**FRANCO, HERNAN**  
9795 NW 7TH AVE  
MIAMI FL 33150

**REINSTATEMENT 02**  
DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0856595**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Hernan Franco* *Hernan Franco* *Treasurer*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*12/27/02*

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 13, 2002 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

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

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

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

TITILE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITILE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITILE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITILE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **200009568372**  
CITY-ST-ZIP **12/18/02--01012--004 \*\*750.00**

TITILE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **200009568372**  
CITY-ST-ZIP **12/30/02--01056--002 \*\*150.00**

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

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

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

TITILE ☐ 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, with all other like empowered.

SIGNATURE:

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

*11/25/02 (305) 758-7111*  
Date Phone #

CR2E034 (4/02)