FILED

🖢 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

1. Entity Nan	MENT # P9800008 L CAR REPAIR, INC.	Feb 26, 2001 8:00 am Secretary of State 02-26-2001 90528 019 ***150.00					
Principal Place of Business 12398 SW 128 STREET #112 MIAMI FL 33186 2. Principal Place of Business Suite, Apt. #, etc.		Mailing Address 12398 SW 128 STREET #112 MIAMI FL 33186 3. Mailing Address Suite, Apt. #, etc.			MB/13 NG IN 1875(1)811 1891	Jhaca (B) (PB)	
				DO NOT WRITE IN THIS SPACE			
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 A Fee Requi	dditional	1
	6. Name and Address of Current Re	gistered Agent	Nome	7. Name and Address of New R	gistered Agent]
CAMPO, YOLANDA 14648 SW 101 STREET MIAMI FL 33186			Name Street Address (P.O. Box Number is Not Acceptable)				
			City		FL Zip Co	ode	-
Tax filing (See crite	Signature, typed or printed name of registered agent and prattion is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW! After MAY 1, 20 Make Check Payab	!! FEE.IS \$150.00 01 Fee will be \$550.00 de to Department of S	Trust Fund Contribution	n. 🗆 Ädd	.00 May Be	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD SANCHEZ, JORGE H 14648 SW 101 STREET MIAMI FL 33186 VD CAMPO, YOLANDA	RECTORS Delete Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTO	Addition	CB2F034 (10/00)
STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY OF TIP	14648 SW 101 STREET MIAMI FL 33186	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Change	e Addition	\ \ \ \ \ \ \
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	CITY-ST-ZIP TITLE NAME		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	1
TITLE , NAME STREET ADDRESS CITY-ST-ZIP	e de la companya de l	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	or services	☐ Change		
 I hereby of indicated of the corchanged 	certify that the information supplied with the on this report or supplemental report is trustee empow, or on an attach	is filing does not qualify for ue and accurate and that me ered to execute this report in all other like empowered.	the exemption stated in the signature shall have the as required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I e same legal effect as if made under c 07, Florida Statutes; and that my name	further certify that the ath; that I am an office appears in Block 11	information er or director or Block 12 if	