

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90118 015 ***150.00

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DOCUMENT # P98000096503

1. Entity Name
CAR CLINIC SERVICE INC.



Principal Place of Business
**5415 NORTHWEST 15TH STREET
BAY 14
MARGATE FL 33063**

Mailing Address
**5415 NORTHWEST 15TH STREET
BAY 14
MARGATE FL 33063**

2. Principal Place of Business
1823 N.W. 54 AVE.

3. Mailing Address
1823 N.W. 54 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MARGATE FL. 33063

City & State
MARGATE FL. 33063

Zip Country

Zip Country

4. FEI Number **65-0878710**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GAITAN, JORGE
8206 NW 91 TERR
TAMARAC FL 33321**

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 *Jorge Gaitan*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete
NAME **GAITAN, JORGE**
STREET ADDRESS **4921 NORTHWEST 11TH STREET**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **JORGE GAITAN**
STREET ADDRESS **8206 N.W. 91 TERRACE**
CITY-ST-ZIP **TAMARAC FL. 33321**

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

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

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

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jorge Gaitan* RE **JORGE GAITAN, P.**

4/11/04

954-7208231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)