FILED

2004 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P98000100641 A1A AUTO SERVICE & REPAIR, INC. 04-24-2001 90276 038 ***150.00 Principal Place of Business Mailing Address 12278 S.W. 117TH COURT 12278 S.W. 117TH COURT MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0880215 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent IBARRIA, RICARDO 12278 SW 117 CT. MIAMI FL 33186 Zip Code iam 8. The above named entity submits this statement for the purpose of changing its registered office or registered ager poboth, in the State of Florida FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE M Change IBARA, RICARDO NAME NAME Ibarra 12278 SW 117 CT. 12278 SW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33186** CITY-ST-ZIP <u>Miami</u> Change TITLE ☐ Delete TITLE ☐ Addition IBARA, DOUGLAS NAME NAME barra 7951 S.W. 40TH ST SUITE 206 STREET ADDRESS STREET ADDRESS 79515.W.40 CITY_ST_ZIP~ MIAMI-FL-33155 -CITY-SI-ZIP mjami, STD THILE ☐ Delete TITLE Addition IBARA, MARIA NAME NAME barra 7951 S.W. 40TH ST SUITE 206 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP **MIAMI FL 33155** ☐ Change ☐ Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP 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 accuracy 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