

2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90156 026 ***150.00

DOCUMENT # P98000102806

1. Entity Name

GABINO AUTO REPAIRS, CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1614 NW 27th AVENUE

Suite, Apt. #, etc.

3. Mailing Address

1614 NW 27th AVENUE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FLORIDACity & State
MIAMI, FLORIDA

4. FEI Number

65-0880219

Applied For

Not Applicable

Zip
33125Country
MIAMI-DADEZip
33125Country
MIAMI-DADE5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

VALDES, CARLOS M.

Street Address (P.O. Box Number is Not Acceptable)

1614 NW 27th AVENUE

City

MIAMI

FL

Zip Code
33125

**DO NOT WRITE
IN THIS SPACE**

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

CARLOS M. VALDES-PRESIDENT

4/22/2003

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PVSD
VALDES, CARLOS M.
1614 NW 27th AVENUE
MIAMI, FLORIDA 33125

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with or without other like empowered.

SIGNATURE:

CARLOS M. VALDES-PRES

4-22-2003

April-22-2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034E (12/01)