

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90150 039 ***150.00

DOCUMENT # P99000004431

1. Entity Name
C & D TRAILER REPAIR CORP.

Principal Place of Business 1305 S. KIRKMAN RD.,#2157 ORLANDO FL 32811	Mailing Address 1305 S. KIRKMAN RD.,#2157 ORLANDO FL 32811-2223
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1449 S Kirkman Rd.	3. Mailing Address 1449 S Kirkman Rd.
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Suite, Apt. #, etc. 1024	Suite, Apt. #, etc. 1024
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City & State Orlando, Fl.	City & State Orlando, Fl.
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4. FEI Number 59-3552342	Applied For <input type="checkbox"/> Not Applicable
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Zip 32811	Country USA	Zip 32811	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
NAVARRO, CLAUDIO E
1305 S. KIRKMAN RD.,#2157
ORLANDO FL 32811

7. Name and Address of New Registered Agent
 Name: **Navarro, Daniel A.**
 Street Address (P.O. Box Number is Not Acceptable): **1449 S. Kirkman Rd. # 1024**
 City & State: **Orlando, Fl.** **FL** Zip Code: **32811**

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: (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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	
TITLE PD	<input checked="" type="checkbox"/> Delete
NAME NAVARRO, CLAUDIO E	
STREET ADDRESS 1305 S. KIRKMAN RD.,#2157	
CITY-ST-ZIP ORLANDO FL 32811	
TITLE VPD	<input checked="" type="checkbox"/> Delete
NAME NAVARRO, DANIEL A	
STREET ADDRESS 1305 S. KIRKMAN RD.,#2157	
CITY-ST-ZIP ORLANDO FL 32811	
TITLE ST	<input checked="" type="checkbox"/> Delete
NAME NAVARRO, DANIEL A	
STREET ADDRESS 1305 S. KIRKMAN RD.,#2157	
CITY-ST-ZIP ORLANDO FL 32811	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Navarro, Daniel A.	
STREET ADDRESS 1449 S Kirkman Rd. # 1024	
CITY-ST-ZIP Orlando, Fl. 32811	
TITLE ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Karina O. Navarro	
STREET ADDRESS 1449 S. Kirkman Rd. # 1024	
CITY-ST-ZIP Orlando, Fl. 32811	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Daniel A. Navarro** 5/1/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)