

2000 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

1449 S Kirkman Rd.
Suite, Apt. #, etc.
1024

3. Mailing Address

1449 S Kirkman Rd.
Suite, Apt. #, etc.
1024

City & State

Orlando, FL.

City & State

Orlando, FL.

Zip

32811

Country

USA

Zip

32811

Country

USA

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

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

Signature of officer or director 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)

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		
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:

SIGNATURE OF Daniel A. Navarro

5/1/00

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)