

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED

Jun 29, 2000 8:00 am
Secretary of State

05-17-2000 90910 049 ***150.00

DOCUMENT # P99000006137

1. Entity Name

MY MOBILE MECHANIC, INC.

Principal Place of Business

**11794 SOUTHWEST 108TH LANE
MIAMI FL 33186**

Mailing Address

**11794 SOUTHWEST 108TH LANE
MIAMI FL 33186-3983**

2. Principal Place of Business

11794 SW 108TH LANE

Suite, Apt. #, etc.

3. Mailing Address

11794 SW 108 LANE

Suite, Apt. #, etc.

City & State

MIAMI FLA

City & State

MIAMI FLA

Zip

33186

Country

Zip

33186

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**FISCHBEIN, JOEL
11794 SOUTHWEST 108TH LANE
MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name **JOEL FISCHBEIN**

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

11794 SW 108 LANE

MIAMI

City

FL

Zip Code

33186

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/16/2000

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 **CEO / OWNER** ☐ Delete
NAME **JOEL FISCHBEIN**
STREET ADDRESS **11794 SW 108 LANE**
CITY-ST-ZIP **MIAMI FLA 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2000

Date

Daytime Phone #

305-274-5080

CR2E034 (9/99)