

2001 UNIFORM BUSINESS REPORT (UBR)

5/11

FILED
Jun 21, 2001 8:00 am
Secretary of State

05-10-2001 90123 007 ***150.00

DOCUMENT # P99000025273

1. Entity Name

FRANKIE'S AUTO REPAIR, INC.



Principal Place of Business

Mailing Address

4901 NE 12 AVE
 OAKLAND PARK FL 32334

4901 NE 12 AVE
 OAKLAND PARK FL 32334

49090

2. Principal Place of Business

4901 NE 12 Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Oakland Park FL

City & State

4. FEI Number

65-0902222

Applied For

Not Applicable

Zip

33334

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAURENCY, PIERRE
 4901 NE 12 AVE
 OAKLAND PARK FL 32334

Name

Maurency Pierre

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

4901 NE 12 AVE

City

Oakland Park

FL

Zip Code

33334

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

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, 2001 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 | V | <input type="checkbox"/> Delete |
| NAME | MAURENCY, MAUDE | |
| STREET ADDRESS | 4901 NE 12 AVE | |
| CITY-ST-ZIP | OAKLAND PARK FL 32334 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | MAURENCY, PIERRE | |
| STREET ADDRESS | 4901 NE 12 AVE | |
| CITY-ST-ZIP | OAKLAND PARK FL 32334 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | MAURENCY, CLEONA | |
| STREET ADDRESS | 4901 NE 12 AVE | |
| CITY-ST-ZIP | OAKLAND PARK FL 32334 | |
| 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 | <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 | |
| 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:

Maurency Pierre

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05/27/2001 (954) 267-0812

CR2E034 (10/00)