

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 30, 2002 8:00 am
Secretary of State

09-30-2002 90181 007 ***550.00

DOCUMENT # P99000025273

1. Entity Name

FRANKIE'S AUTO REPAIR, INC.

Principal Place of Business

4901 NE 12 AVE
 OAKLAND PARK FL 33334
 US

Mailing Address

4901 NE 12 AVE
 OAKLAND PARK FL 32334

2. Principal Place of Business

4901 NE 12 AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

Oakland Park FL 33334

City & State

FL 12

Zip

Country

Broward

Zip

Country

4. FEI Number

65-0902222

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MAURENCY, PIERRE

4901 NE 12 AVE

OAKLAND PARK FL 32334

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Maurency Pierre

09-09-02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
 NAME MAURENCY, MAUDE
 STREET ADDRESS 4901 NE 12 AVE
 CITY-ST-ZIP OAKLAND PARK FL 32334

☐ Delete

TITLE P
 NAME MAURENCY, PIERRE
 STREET ADDRESS 4901 NE 12 AVE
 CITY-ST-ZIP OAKLAND PARK FL 32334

☐ Delete

TITLE S
 NAME MAURENCY, CLEONA
 STREET ADDRESS 4901 NE 12 AVE
 CITY-ST-ZIP OAKLAND PARK FL 32334

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
 NAME Maurency Maude
 STREET ADDRESS 4901 NE 12 AVE
 CITY-ST-ZIP OAKLAND PARK FL 32334

☒ Change

☐ Addition

TITLE V. President
 NAME Maurency, Pierre
 STREET ADDRESS 4901 NE 12 AVE
 CITY-ST-ZIP OAKLAND PARK FL 32334

☒ Change

☐ Addition

TITLE S
 NAME Maurency Cleona
 STREET ADDRESS 4901 NE 12 AVE
 CITY-ST-ZIP OAKLAND PARK FL 32334

☒ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

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

09-09-02 (954) 267-0812

CP2E034 (4/02)