

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043605

1. Entity Name

J. RODALGON AUTO SERVICES, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90169 044 ***150.00

Principal Place of Business

13640 NW 19 AVENUE BAY 1
OPA LOCKA FL 33054

Mailing Address

13640 NW 19 AVENUE BAY 1
OPA LOCKA FL 33054-4234

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0921197

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

~~ARBOLEDA, JUAN R
1845 NE 153 STREET
NORTH MIAMI FL 33162~~

7. Name and Address of New Registered Agent

Name

CARLOS A. ROJAS

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

1619 N.W. 1 ST. #6

City

MIAMI

FL

Zip Code

33125

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

Barly Rojas

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

(NOTE: Registered Agent signature required when reinstating)

Carlos A. Rojas

DATE

1/24/00

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 ☒ Delete
NAME ~~ARBOLEDA, JUAN R~~
STREET ADDRESS ~~1845 NE 153 STREET~~
CITY-ST-ZIP ~~NORTH MIAMI FL 33162~~

TITLE ☒ Delete
NAME ~~FLORES, ROBERTO R~~
STREET ADDRESS ~~16041 NE 19 TERR #3~~
CITY-ST-ZIP ~~NORTH MIAMI FL 33162~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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 ~~PD~~ *ROJAS, CARLOS A.*
STREET ADDRESS ~~1619 N.W. 1 ST. #6~~
CITY-ST-ZIP ~~MIAMI, FL. 33125~~

TITLE ☐ Change ☒ Addition
NAME ~~VP~~ *MORENO, JORGE A.*
STREET ADDRESS ~~3107 KEREN DR.~~
CITY-ST-ZIP ~~NAPLES, FL. 34112~~

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

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

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

TITLE ☐ Change ☐ 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:

Jorge A. Moreno
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*JORGE A
MORENO*

Date

1/24/00

Daytime Phone #

(305) 953-7953

CR2E034 (9/99)