

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90389 049 \*\*\*150.00

**DOCUMENT # P99000049196**

1. Entity Name  
**JIMMY'S AUTO REPAIR INC.**

Principal Place of Business  
**12328 S.W. 128TH ST., BAY 113**  
**MIAMI FL 33186**

Mailing Address  
**12328 S.W. 128TH ST., BAY 113**  
**MIAMI FL 33186**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
**12398 SW 128 ST**

3. Mailing Address  
 Suite, Apt. #, etc.  
**BAY 113**

City & State  
**MIAMI FL.**

City & State  
**MIAMI FL.**

4. FEI Number **65-0938510**

Applied For  
 Not Applicable

Zip Country  
**33186 USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**FERNANDO, GIRALDO**  
**12328 S.W. 128TH ST., BAY 113**  
**MIAMI FL 33186**

## 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.

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, 2002 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 **P**  
 NAME **GIRALDO, FERNANDO**  
 STREET ADDRESS **12328 S.W. 128TH ST., BAY 113**  
 CITY-ST-ZIP **MIAMI FL 33186**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
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## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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 STREET ADDRESS  
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 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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

**J 8 02308)2555244**

CP2E034 (9/01)