

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90210 025 ***150.00

DOCUMENT # P99000070025

1. Entity Name

CAR SPLASH & LUBE INC.

Principal Place of Business

600 PALM AVENUE SUITE A
HIALEAH FL 33010

Mailing Address

600 PALM AVENUE SUITE A
HIALEAH FL 33010

2. Principal Place of Business

181 N.W. 180th Av.

3. Mailing Address

600 PALM AV.

Suite, Apt. #, etc.

Suite A

City & State

PEMBROKE PINES, FL

City & State

Hialeah, FL 33010

Zip

33029

Country

USA

Zip

33010

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0938892

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LASARTE, FELIX

200 SOUTH BISCAYNE BLVD., 20TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

ANTONIO GESTIDO JR.

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

600 PALM AV., SUITE A

City

HIALEAH

FL

Zip Code

33010

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

04/15/01

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	P	<input type="checkbox"/> Delete
NAME	CADENAS, EDWIN D	
STREET ADDRESS	600 PALM AVENUE SUITE A	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MACHADO, LUIS	
STREET ADDRESS	600 PALM AVENUE SUITE A	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	V	<input type="checkbox"/> Delete
NAME	GESTIDO, ANTONIO JR	
STREET ADDRESS	600 PALM AVENUE SUITE A	
CITY-ST-ZIP	HIALEAH FL 33010	
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	VP, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/15/01

305-887-2500

CR2E034 (10/00)