

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90191 019 ***550.00

DOCUMENT # P99000070025

1. Entity Name
CAR SPLASH & LUBE INC.

Principal Place of Business

181 NW 180TH AVE
 PEMBROKE PINES FL 33029

Mailing Address

600 PALM AVENUE SUITE A
 HIALEAH FL 33010

2. Principal Place of Business

3. Mailing Address

P.O. Box 297576

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pembroke Pines, FL

4. FEI Number

65-0938892

Applied For

Not Applicable

Zip

Country

Zip

Country

33029

USA

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

GESTIDO, ANTONIO JR

600 PALM AVENUE SUITE A

HIALEAH FL 33010

Name

ANTONIO GESTIDO JR.

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

7961 NW 186 TE.

City

MIAMI

FL

Zip Code

33015

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

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

(NOTE: Registered Agent signature required when reinstating)

7/9/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPS** ☐ Delete
 NAME **CADENA, EDWIN D**
 STREET ADDRESS **600 PALM AVENUE SUITE A**
 CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **V.P.** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Delete
 NAME **MACHADO, LUIS**
 STREET ADDRESS **600 PALM AVENUE SUITE A**
 CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **V.P.** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **GESTIDO, ANTONIO JR**
 STREET ADDRESS **600 PALM AVENUE SUITE A**
 CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **P, S** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

ANTONIO GESTIDO JR.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/09/02

305-829-3368

Date

Daytime Phone #

CR2E034 (4/02)