

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073634

1. Entity Name

MIAMI TRAILER REPAIR INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90012 015 ***158.75

Principal Place of Business

6001 NW 74 AVE.
SUITE 113
MIAMI FL 33166

Mailing Address

6001 NW 74 AVE.
SUITE 113
MIAMI FL 33166

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 65-0943543

Applied For

Not Applicable

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

SAUD, SHARBEL J
10378 SW 208TH TERRACE
MIAMI FL 33189

Name

MARGARITA SAUD

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

10378 SW 208 TH

City

MIAMI

FL

Zip Code

33189

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME SAUD, SHARBEL J
STREET ADDRESS 10378 SW 208TH TERRACE
CITY-ST-ZIP MIAMI FL 33189

TITLE VTD ☐ Delete
NAME SAUD, JACK JOFFRE
STREET ADDRESS 10378 SW 208TH TERRACE
CITY-ST-ZIP MIAMI FL 33189

TITLE SD ☐ Delete
NAME SAUD, MARGARITA
STREET ADDRESS 10378 SW 208TH TERRACE
CITY-ST-ZIP MIAMI FL 33189

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

TITLE VD ☒ Change ☐ Addition
NAME SAUD JACK JOFFRE
STREET ADDRESS 10378 SW 208 TH
CITY-ST-ZIP MIAMI FL 33189

TITLE PDT ☒ Change ☐ Addition
NAME MARGARITA SAUD
STREET ADDRESS 10378 SW 208 TH
CITY-ST-ZIP MIAMI FL 33189

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK J SAUD

4/26/01

305-5935366

Date

Daytime Phone #

CR2E034 (10/00)