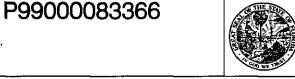
FILED

Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90396 024 ***150.00

1. Entity Name

BEAR AUTO REPAIR INC.



Principal Place of Business 2506 NW 21ST TERRACE **MIAMI FL 33142**

Mailing Address 2506 NW 21ST TERRACE MIAMI FL 33142

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent DE LA OSA, JOEL 13535 N.W. 9TH LANE **MIAMI FL 33182**

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	

65-0949404

5. Certificate of Status Desired

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.

City

Country

SIGNATURE

Zip

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Country_

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

\$8:75 Additional

Zip Code

Fee Required

Not Applicable

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition DE LA OSA, JOEL NAME NAME 2506 N.W. 21 TERR. STREET ADDRESS STREET ADDRESS **MIAMI FL 33142** CITY-ST-ZIP CITY-ST-7IP SD Addition ☐ Change TITLE ☐ Delete TITLE TABARES, EMILIA NAME NAME 2506 N.W. 21 TERR. STREET ADDRESS STREET ADDRESS MIAMI FL 33142 CITY-ST-ZIP CITY-ST-ZIP VD Addition TITLE ☐ Delete TITLE Change DE LA OSA, ANTERO NAME NAME 2506 N.W. 21 TERR. STREET ADDRESS STREET ADDRESS MIAMI FL 33142 CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 10 or Block 11 if changed, or on an attachment with

CITY-ST-ZIP

CITY-ST-7IP