

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90065 004 ***158.75

DOCUMENT # P99000083516

1. Entity Name

CAPLE AND CHARMAIN AUTO REPAIRS CORPORATION

Principal Place of Business

1826 NW 29TH ST.
 OAKLAND PARK FL 33311

Mailing Address

1826 NW 29TH ST.
 OAKLAND PARK FL 33311

2. Principal Place of Business

1868 N.W. 29 ST.
 Suite, Apt. #, etc.

3. Mailing Address

1868 N.W. 29 ST.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

OAKLAND PK.

City & State

OAKLAND PK.

4. FEI Number

65-0990254

Applied For.

Not Applicable

Zip
 FL 33311

Country

U.S.A.

Zip

FL 33311

Country

U.S.A.

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SMITH, CHARMAIN
 1826 NW 29TH ST.
 OAKLAND PARK FL 33311

7. Name and Address of New Registered Agent

Name **SMITH, CHARMAIN**
 Street Address (P.O. Box Number is Not Acceptable)
 1868 N.W. 29 ST.
 City **OAKLAND PK.** FL Zip Code **33311**

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]

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

(NOTE: Registered Agent signature required when reinstating)

2-14-2002

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	PD	<input type="checkbox"/> Delete
NAME	MOORE, CAPLE W	
STREET ADDRESS	5413 NW 27TH ST.	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SMITH, CHARMAIN	
STREET ADDRESS	5413 NW 27TH ST.	
CITY-ST-ZIP	LAUDERDALE FL 33313	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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 an other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)