

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088737

1. Entity Name

TAMIAMI XPRESS LUBE, INC.

Principal Place of Business

7311 SOUTHWEST 41ST STREET
MIAMI FL 33155

Mailing Address

7311 SOUTHWEST 41ST STREET
MIAMI FL 33155

2. Principal Place of Business

13507 SW 137th Ave

3. Mailing Address

13507 SW 137th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip 33186

Country USA

Zip 33186

Country USA

4. FEI Number 65-0952995

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GALLARDO, JOSE
7311 SOUTHWEST 41ST STREET
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name: GALLARDO, JOSE
Street Address (P.O. Box Number is Not Acceptable)
13507 SW 137th Ave
City: MIAMI FL Zip Code: 33186

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)

DATE: 2/14/01

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: D
NAME: GALLARDO, JOSE
STREET ADDRESS: 7311 SOUTHWEST 41ST STREET
CITY-ST-ZIP: MIAMI FL 33155 ☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P&D
NAME: GALLARDO, JOSE
STREET ADDRESS: 13507 SW 137th Ave.
CITY-ST-ZIP: MIAMI, FL 33186 ☒ Change ☐ Addition

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

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

TITLE: ☐ Change ☐ Addition
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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 2/14/01

DAYTIME PHONE #: 305 232 2000

0234155

CR2E034 (10/00)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90018 039 ***150.00



DO NOT WRITE IN THIS SPACE