

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90240 015 ***150.00

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AV

DOCUMENT # P99000092147

1. Entity Name
FLECHA AUTOMOTIVE, INC.



Principal Place of Business
**2540 WILLARD STREET
FORT MYERS FL 33901**

Mailing Address
**2540 WILLARD STREET
FORT MYERS FL 33901**



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 **58-2501810**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KING, CRAIG
10630 MCGREGOR BLVD
FORT MYERS FL 33919**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **MD** ☐ Delete
NAME **FLECHA, EVA**
STREET ADDRESS **2515 FIRST STREET**
CITY-ST-ZIP **FT MYERS FL 33916**

TITLE **PTD** ☐ Delete
NAME **FLECHA, ROBERTO**
STREET ADDRESS **2515 FIRST STREET**
CITY-ST-ZIP **FT MYERS FL 33916**

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SD** ☒ Change ☐ Addition
NAME **Eva Flecha**
STREET ADDRESS **11756 1st Street**
CITY-ST-ZIP **Cape Coral FL 33900**

TITLE **VP** ☐ Change ☒ Addition
NAME **Vyonne Gonzalez**
STREET ADDRESS **1755 Red Cedar Dr. Apt. 22**
CITY-ST-ZIP **Fort Myers, FL. 33907**

TITLE **D** ☐ Change ☒ Addition
NAME **Elias Flecha**
STREET ADDRESS **1717 NE 6th Terr**
CITY-ST-ZIP **Cape Coral FL 33909**

TITLE **D** ☐ Change ☒ Addition
NAME **John Crowley**
STREET ADDRESS **1117 NE 11th St**
CITY-ST-ZIP **Cape Coral FL 33909**

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

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

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)