

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

0147409 AV

DOCUMENT # P99000108391

1. Entity Name
EXECUTIVE AUTO REPAIR, INC.



Principal Place of Business
**5881 N.W. 151 STREET
#101
MIAMI LAKES FL 33014**

Mailing Address
**5881 N.W. 151 STREET
#101
MIAMI LAKES FL 33014**



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 **65-0970545**

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

Solver
SALYER, PAUL
5881 N.W. 151 STREET #101
MIAMI LAKES FL 33014
2721 Executive Park Dr.
Weston, FL 33331

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 _____ (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	D	<input type="checkbox"/> Delete
NAME	BAKATSELOS, PLATON	
STREET ADDRESS	160 E. HILLSBORO BOULEVARD	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKATSELOS, ELEFThERIA	
STREET ADDRESS	160 E. HILLSBORO BOULEVARD	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKATSELOS, DIMITERIOS	
STREET ADDRESS	160 E. HILLSBORO BOULEVARD	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKATSELOS, ARISTOTLE	
STREET ADDRESS	160 E. HILLSBORO BOULEVARD	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-03 9:54 4298858

Date Daytime Phone #

CR2E034 (10/02)