

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S02879

1. Entity Name

HI-TEST SERVICE STATION, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90029 029 ***150.00

Principal Place of Business

15290 NW 7TH AVE
MIAMI FL 33169

Mailing Address

15290 NW 7TH AVE
MIAMI FL 33169-6204

2. Principal Place of Business

15300 N.W. 7th Avenue

Suite, Apt. #, etc.

3. Mailing Address

15300 N.W. 7th Avenue

Suite, Apt. #, etc.

City & State

Miami, Fl.

City & State

Miami, Fl.

Zip

33169

Country

Miami/Dade

Zip

33169

Country

Miami/Dade

4. FEI Number

65-0246230

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VOLANTE, GABRIEL
15290 N.W. 7TH AVENUE
MIAMI FL 33169

ADDRESS
CORRECTION

7. Name and Address of New Registered Agent

Name

VOLANTE, GABRIEL

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

15300 N.W. 7th AVENUE

City

MIAMI

FL

Zip Code
33169

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

Gabriel Volante

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-28-00

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, 2000 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	DP	<input checked="" type="checkbox"/> Delete
NAME	VOLANTE, GABRIEL	
STREET ADDRESS	15290 NW 7 AVE	
CITY-ST-ZIP	MIAMI FL	
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOLANTE, GABRIEL	
STREET ADDRESS	15300 N.W. 7th AVENUE	
CITY-ST-ZIP	MIAMI, FL. 33169	
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 all other like empowered.

SIGNATURE:

Gabriel Volante
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GABRIEL VOLANTE

Date

Daytime Phone #

04-28-00

CR2E034 (9/99)