

UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
 05-16-2000 90008 049 ***150.00

DOCUMENT # S63597

1. Entity Name

PARIS AUTO REPAIR, INC.

DR JOHN'S AUTO MD. INC
DBA PARIS AUTO REPAIR

Principal Place of Business

6898 NORTHWEST 30TH AVENUE
FORT LAUDERDALE FL 33309

weve moved

Mailing Address

6898 NORTHWEST 30TH AVENUE
FORT LAUDERDALE FL 33309-1367

2. Principal Place of Business

4242 NW 66 street

Suite, Apt. #, etc.
COCONUT Creek

City & State
Florida

Zip
33073

Country
USA

3. Mailing Address

4242 NW 66 street

Suite, Apt. #, etc.
COCONUT Creek

City & State
Florida

Zip
33073

Country
USA

6. Name and Address of Current Registered Agent

HANLON, JOHN J.
6898 NW 30TH AVENUE
FT. LAUDERDALE FL 33309

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.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

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, 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
P
 NAME
HANLON, JOHN J.
 STREET ADDRESS
6898 NORTHWEST 30TH AVE.
 CITY-ST-ZIP
FORT LAUDERDALE FL 33309

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE ☐ Change ☐ Addition

NAME
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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

Daytime Phone #

CR2E034 (9/99)