

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90173 019 ***150.00

DOCUMENT # S63597

1. Entity Name
PARIS AUTO REPAIR, INC.



Principal Place of Business
**4242 NW 66TH STREET
COCONUT CREEK FL 33073**

Mailing Address
**4242 NW 66TH STREET
COCONUT CREEK FL 33073**

2. Principal Place of Business

1801 NW 1st Court

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Boca Raton FL

City & State

4. FEI Number **65-0270336**

Applied For
Not Applicable

Zip
33432

Country
Palm Beach

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **HANLON, JOHN J.**
CITY-ST-ZIP **4242 NW 66TH STREET
COCONUT CREEK FL 33073**

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

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **SABATINO, DONNA**
CITY-ST-ZIP **4242 NW 66TH STREET
COCONUT CREEK FL 33073**

☐ Change ☐ Addition
TITLE
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CITY-ST-ZIP

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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

Date

Daytime Phone #

4/21/03 501-395-7765

CR2E034 (10/02)