

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V11296

1. Entity Name

ELECTRIC MOTOR REPAIR SERVICES, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90130 027 ***150.00

Principal Place of Business

13963 S.W. 140TH STREET
MIAMI FL 33186
US

Mailing Address

6485 S.W. 31ST STREET
MIAMI FL 33155-3917
US

2. Principal Place of Business

3. Mailing Address

1250 N.W. 57th AVENUE

P.O. BOX 526304

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33126

Country

USA

Zip

33126

Country

USA

4. FEI Number

75-0392124

Applied For

Not Applicable

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

CLARO, ELIO A
13963 SW 140 STREET
MIAMI FL 33186

Name
AGUILERA, NOEL

Street Address (P.O. Box Number is Not Acceptable)
3501 ANCHORAGE WAY

City

MIAMI

FL

Zip Code

33133

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME CLARO, ELIO A
STREET ADDRESS 6485 S.W. 31ST STREET
CITY-ST-ZIP MIAMI FL

TITLE D ☒ Change ☐ Addition
NAME AGUILERA, NOEL
STREET ADDRESS 3501 ANCHORAGE WAY
CITY-ST-ZIP MIAMI, FL. 33133

TITLE D ☐ Delete
NAME CLARIO, ELIO
STREET ADDRESS 1110 SW 93RD. AVENUE
CITY-ST-ZIP MIAMI FL

TITLE P ☒ Change ☐ Addition
NAME CLARO, ELIO A.
STREET ADDRESS 6485 S.W. 31 STREET
CITY-ST-ZIP MIAMI, FL.

TITLE VP ☐ Delete
NAME FLEITES, RALPH
STREET ADDRESS 417 S.W. 96 COURT
CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Addition
NAME TREASURER
STREET ADDRESS FLEITES, RALPH
CITY-ST-ZIP 417 S.W. 96 CT. MIAMI, FL.

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)