CSCL/CD-2500 (01/19)

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS PROFIT CORPORATION ANNUAL REPORT

2019

Due May 15, 2019 File Online at www.michigan.gov/corpineonline			
Identification 1		Corporation name 14 MILE COMPLETE AUTO REPAIR INC.	TranInfo:2 23800660-1 08/21/19 Cnk#: 3019 Amt: \$25.00 ID: 800728858
Resident agent name and mailing address of the registered office			For Bureau use only Fee Received
ZAHER T SHEMAUN SALAMA 2424 W. 14 MILE RD			\$25 before May 16
	ROYAL OAK, MI 480	73 FILED	\$35 (May 16 - 31)
f		AUG 23 2019	\$45 (June 1 - 30)
			\$55 (July 1- 31)
The address of the registered office CORPORATIONS DIVI			N
	N. 14 MILE RD L OAK, MI 48073		\$75 after August 31
If the resident agent and/or registered office has changed, proceed to item 1 and do not check this box. If only officer and director information has changed, proceed to item 4 and do not check this box. 1 Mailing address of registered office in Michigan if changed (may be a P O Box) 2 Resident Agent if changed			
		chigan if changed (a P O Box may not be designated	
4 Describe the g	general nature and kind of bi	usiness in which the corporation engaged in during the	e year covered by this report
5 NAME BUSINESS OR RESIDENCE ADDRESS			ESS OR RESIDENCE ADDRESS
	President (Required)		TranInfo:52 23800660-2 08/21/19 Chk#: 3019 Amt: 640.00
If different than President	Secretary (Required)		ID: 800728858
	Treasurer (Required)		
If different than Officers	Director	**** *********************************	· · · · · · · · · · · · · · · · · · ·
	Director		· · · · · · · · · · · · · · · · · · ·
	Director		
	Director		
6 Signature of	nuthorized officer of agent	Title Only Date 5	Phone (Optional)

FILE ONLINE AND SAVE time by going to www.michigan.gov/corpfileonline. You will get an immediate response and you can elect to receive future notices by email to the resident agent. The agent will also be sent an email when a document is filed or a CID/PIN is requested

Filing Fee \$25

Report due May 15, 2019.

If received after May 15, penalty fees will be assessed.

or mail your completed report with a check or money order payable to the State of Michigan

Return to Corporations Division P O Box 30481 Lansing, MI 48909 (517) 241-6470