

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90187 003 ***150.00

DOCUMENT # 582340

1. Entity Name
BAYAMO PAINT AND BODY SHOP, INC.

Principal Place of Business Mailing Address
5131 EAST 10TH AVENUE **5131 EAST 10TH AVENUE**
HIALEAH FL 33013 **HIALEAH FL 33013-1729**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2773 W 69 Ter **2773 W 69 Ter**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
HIALEAH, FL **HIALEAH, FL**

Zip Country Zip Country
33016 **USA** **33016** **USA**

4. FEI Number Applied For
59-1854452 Not Applicable

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

6. Name and Address of Current Registered Agent
MARTINEZ, JOSE RAMON
5131 E. 10TH AVENUE
HIALEAH FL 33013

7. Name and Address of New Registered Agent
 Name **AMARILYS R. MARTINEZ**
 Street Address (P.O. Box Number is Not Acceptable)
2773 W 69 Ter
 City **HIALEAH** FL Zip Code **33016**

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 *Amarilis R. Martinez* **AMARILYS R. MARTINEZ** DATE **3/1/00**
Signature, typed or printed name of registered agent and use 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	PVS	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, JOSE RAMON	
STREET ADDRESS	2773 W 69TH TERRACE	
CITY-ST-ZIP	HIALEAH FL 33016	
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	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMARILYS R. MARTINEZ	
STREET ADDRESS	2773 W 69 TER	
CITY-ST-ZIP	HIALEAH FL 33016	
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		
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: *Amarilis R. Martinez* **AMARILYS R. MARTINEZ** Date **3/1/00** Daytime Phone # **(305) 823-1129**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)