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2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 🛭

Apr 29, 2002 8:00 am 5 Secretary of State DOCUMENT # K73799 1. Entity Name 04-29-2002 90071 033 ***158 COLON PAINT & BODY SHOP, INC. Principal Place of Business Mailing Address 2057 W. 62 STREET 2057 W. 62ND STREET HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. ____ Suite: Apt.#;etc: DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0107072 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRILLO, ROLANDO Street Address (P.O. Box Number is Not Acceptable) 2057 W. 62ND STREET HIALEAH FL 33016 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 _10_Election Campaign Financing_ \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. 1 Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE Change ☐ Addition NAME BRITO, DIGNA NAME STREET ADDRESS 2057 W 62ND ST. STREET ADDRESS CITY-ST-7IP HIALEAH FL 33016 CITY-ST-ZIP TITLE ☐ Delete TITLE ۷D Change ☐ Addition NAME GRILLO, ROLANDO NAME STREET ADDRESS 2057 W 62ND ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if