

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S04941

1. Entity Name

DENT REPAIRS UNLIMITED INC.

**FILED**  
**Mar 25, 2000 8:00 am**  
**Secretary of State**

03-25-2000 90011 037 \*\*\*150.00

Principal Place of Business Mailing Address  
19597 N.E. 10TH AVE. 19597 N.E. 10TH AVE.  
BLDG. #6 BAY L BLDG. #6 BAY L  
NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179-3578  
US US

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State

Zip Country Zip Country

4. FEI Number 65-0220804 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
TORRES, EDWARD  
10931 SW 75TH TR  
MIAMI FL 33179

7. Name and Address of New Registered Agent  
Name Gabriel Torres  
Street Address (P.O. Box Number is Not Acceptable) 3725 S. Ocean DR # 824  
City Hollywood FL Zip Code 33019-0000

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]* (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 PD  
NAME TORRES, EDWARD  
STREET ADDRESS 18037 N.W. 41ST PL.  
CITY-ST-ZIP MIAMI FL  
☒ Delete  
TITLE SDT  
NAME TORRES, GABRIEL  
STREET ADDRESS 18037 N.W. 41ST PL.  
CITY-ST-ZIP MIAMI FL  
☐ Delete  
TITLE T  
NAME TORRES, GABRIEL JR.  
STREET ADDRESS 18037 NW 41 PL  
CITY-ST-ZIP MIAMI FL  
☒ Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
TITLE P/S/T  
NAME  
STREET ADDRESS 3725 S. Ocean DR # 824  
CITY-ST-ZIP Hollywood FL 33019-0000  
☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

CR2E034 (9/99)