2001 Uniform Business Report (UBR)

changed, or on an attachment wit

SIGNATURE:

FILED Mar 15, 2001 8:00 am DOCUMENT # F-72333 1. Entity Name **Secretary of State** CHROME PAINTING INC 03-15-2001 90032 017 ***150.00 Principal Place of Business Mailing Address 1770 WEST 40 ST. STE 7 1770 WEST 40 ST-STE 7 HIALEAH FL 33012 HIALEAH FL 33012 A0033384 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 59-2173558 Not Applicable Zip Zip Country 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 ALVAREZ, PJOSE PEREZRICARDO Street Address (P.O. Box Number is Not Acceptable) 1818 WEST FLAGLER 1770 WEST 40 ST MIAMI--FL-3-31-2-5--Zip Code MIAMI 33012 2. The above named ent purpose of changing its registered office or registered agent, or both, in the State of Florida. RICARDO PEREZ-STP . MARCH 9,2001 SIGNATURE 2 (NOTE: Registered Agent signature required when reinstating) title if applicable. 9. This corporation is eligible to satisfy its Intang 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. TITLE STP STP ☐ Delete TITLE Change Addition NAME NAME PEREZ, RICARDO STREET ADDRESS STREET ADDRESS 1770 WEST 40 ST STE 7 HIALEAH FL 33012 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ■ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

ke empowered

NING OFFICER OR DIRECTOR

RICARDO PEREZ

MARCH 9,2001(305)558-7316