

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90354 048 ***150.00

0135/1 AV

DOCUMENT # P01000021908

1. Entity Name
XTREME CARS BODY WORK'S INC

Principal Place of Business

4598 E 10 LANE
HIALEAH FL 33013

Mailing Address

4598 E 10 LANE
HIALEAH FL 33013

2. Principal Place of Business

4220 E. 11 Ave.

3. Mailing Address

4220 E. 11 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Hialeah, FL

4. FEI Number

651087342

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, JESS

480 WEST 40TH PLACE

HIALEAH FL 33012-3838

7. Name and Address of New Registered Agent

Name

Jessy Martin

Street Address (P.O. Box Number is Not Acceptable)

10203 NW. 126th St.

City

Hialeah Gardens

FL

Zip Code

33018

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)

DATE

04/28/02

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, 2002 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** ☐ Delete

NAME **MARTIN, JESSY**
STREET ADDRESS **480 WEST 40TH PLACE**
CITY-ST-ZIP **HIALEAH FL 33012-3838**

TITLE **VD** ☒ Delete

NAME **BATISTA, DENIS**
STREET ADDRESS **468 SE 9TH CT.**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **SD** ☐ Delete

NAME **MARTIN, MIGUEL A**
STREET ADDRESS **3510 NW 97TH ST**
CITY-ST-ZIP **MIAMI FL 33147**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME **Vice-President Miguel A. Martin**
STREET ADDRESS **75 E. 19 St.**
CITY-ST-ZIP **Hialeah, FL 33010**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02

(786) 256-1743

Date

Daytime Phone #

CR2E034 (9/01)