

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

*Amended*

FILED

02 JUN 24 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P96000080943

1. Entity Name

PROFESSIONAL AUTO FINISH, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

11 THURLOW DR

3. Mailing Address

SAME

Suite, Apt. #, etc.

BOYTON BEACH, FL

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0710597

Applied For

Not Applicable

Zip

33426

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JAMES HAJJAR

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

11 THURLOW DR.

City BOYTON BEACH

FL

Zip Code  
33426

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	HAJJAR, KIM 11 THURLOW DR BOYTON BEACH, FL 33426 <i>PRESIDENT</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAJJAR, JAMES 11 THURLOW DR BOYTON BEACH, FL 33426 <i>VICE PRESIDENT</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-31-02

Date

Daytime Phone #

CR2E034B (12/01)