

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

FILED

03 OCT 13 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

532583

Brothers Paint Auto Body & Car Sales, Inc.



DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03

2. Principal Place of Business

6425 N. FLORIDA AVE

3. Mailing Address

6425 N. FLORIDA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

X 591234884

Applied For

Not Applicable

Zip

33604

Hillsborough

Zip

33604

Hillsborough

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Pedro Rodriguez

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

1508 Carolyn Circle

City

Tampa

FL

Zip Code

33619

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

X Pedro Rodriguez

Signature, by ink or printed name of registered agent or officer if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Pedro Rodriguez
1508 Carolyn Circle
Tampa, FL 33619

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

800023720038
10/10/03--01088--005 **150.00

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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/02)

BROTHERS PAINT & BODY SHOP

6425 N. FLORIDA AVE.

TAMPA, FL 33604

813-874-9895

October 7, 2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

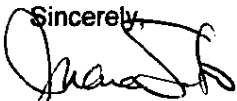
Re: Uniform Business Report
FEI Number: 591734884
Document Number: 532583

To whom it may concern:

Attached please find completed Uniform Business Report and fee for the renewal on above. I was not aware the renewal had not been submitted, I was advised today after speaking to a representative with the Florida Department of Agriculture and Consumer Services. I have been trying to make sure that all licenses are current with my fathers business since he has not been in good health this year. I hope the paperwork I am attaching is complete & correct. If you need anything further or have any questions please contact me.

Thank you in advance for your help.

Sincerely,


Juana Soto