

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 582340

1. Entity Name

BAYAMO PAINT AND BODY SHOP, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90187 003 \*\*\*150.00

Principal Place of Business

Mailing Address

5131 EAST 10TH AVENUE  
HIALEAH FL 33013

5131 EAST 10TH AVENUE  
HIALEAH FL 33013-1729

2. Principal Place of Business

2773 W 69 Ter

3. Mailing Address

2773 W 69 Ter

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH, FL

City & State

HIALEAH, FL

Zip

33016

Country

USA

Zip

33016

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1854452

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, JOSE RAMON  
5131 E. 10TH AVENUE  
HIALEAH FL 33013

Name

AMARILYS R. MARTINEZ

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

2773 W 69 Ter

City

HIALEAH

FL

Zip Code

33016

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

*Amarilis R. Martinez*

AMARILYS R. MARTINEZ

3/1/00

Signature, typed or printed name of registered agent and use 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) ☐

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVS  
NAME MARTINEZ, JOSE RAMON  
STREET ADDRESS 2773 W 69TH TERRACE  
CITY-ST-ZIP HIALEAH FL 33016 ☒ Delete

TITLE D/P  
NAME AMARILYS R. MARTINEZ  
STREET ADDRESS 2773 W 69 TER  
CITY-ST-ZIP HIALEAH FL 33016 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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:

*Amarilis R. Martinez* AMARILYS R. MARTINEZ 3/1/00

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)