

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-08-2002 90123 049 ***150.00

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

DOCUMENT # **655214**

1. Entity Name

Dominic Cadillac Service Center & Body S

DO NOT WRITE IN THIS SPACE

34455

2. Principal Place of Business
6039 NW 7th Ave
Suite, Apt. #, etc.

City & State
Miami FL

Zip
33127

**DO NOT WRITE
IN THIS SPACE**

4. FEL Number
59-2142726
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Dominick & Irene Russo
Street Address (P.O. Box Number is Not Acceptable)
19195 Mystic Court Dr #1902
City
Aventura FL Zip Code
33180

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	<i>DR Russo, Dominick 19195 Mystic Court Dr #1902 Aventura FL 33180</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DR Russo Irene 19195 Mystic Court Dr #1902 Aventura FL 33180</i>
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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

Date

Daytime Phone #

CR2E034B (12/01)