

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0213201 AV

DOCUMENT # 655214

1. Entity Name  
DOM'S CADILLAC SERVICE CENTER AND BODY SHOP, INC



FILED

03 FEB 18 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
6029 NW 7TH AVE  
MIAMI FL 33127

Mailing Address  
6029 NW 7TH AVE  
MIAMI FL 33127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2142726

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

RUSSO, DOMINICK & IRENE

~~19195 S. MYSTIC POINT DR., #1902~~  
AVENTURA FL 33180

3300 NE 191st  
#1509

Name

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

City

FL

Zip Code

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 *Dominick Russo*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME RUSSO, DOMINICK  
STREET ADDRESS ~~19195 MYSTIC POINTE DR., #1902~~  
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☒ Change ☐ Addition  
NAME New  
STREET ADDRESS 3300 NE 191st Street #1509  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME RUSSO, IRENE  
STREET ADDRESS ~~19195 MYSTIC POINTE DR., #1902~~  
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3300 NE 191st Street #1509  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dominick Russo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13 officer

Date Daytime Phone #

CR2E034 (10/02)