2004 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90124 036 ***150.00

24045365

DO NOT WRITE IN THIS SPACE

DOCUMENT # G80520

1. Entity Name R. A. PAINT AND Body ShoP, INC.

Principal Place of Business
13827 SW 139th CT.
Miami, Fl.- 33186

Mailing Address

2. Principal Place of Business		3. Mailing Address	
13827 SW 139th CT		1386 SW 139th CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami. Fl.-		City & State: Miami Fl.-	
Zip: 33186	Country: Miami-Dade	Zip: 33186	Country: Miami-Dade

4. FEI Number 59-2400520 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARICELA ESTRADA
11570 SW 82nd. TERR
Miami Fl.- 33173

7. Name and Address of New Registered Agent

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.

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) ☐

FILE NOW!!! After ... Fee will be ... 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	DP	☐ Delete
NAME	Alberto Estrada	
STREET ADDRESS	11570 SW 82nd. TERR	
CITY-ST-ZIP	Miami Fl.- 33173	
TITLE		☐ Delete
NAME	MARICELA ESTRADA	
STREET ADDRESS	11570 SW 82nd TERR.	
CITY-ST-ZIP	MIAMI Fl.-33173	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: X [signature] Alberto Estrada PRESIDENT 4-12-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #