

Davie

5/1/

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 19, 2000 8:00 am
Secretary of State

05-01-2000 90482 011 ***150.00

DOCUMENT # H78515

1. Entity Name

AUTO PAINTING U.S.A. BODY REPAIR CENTERS, INC. O

Principal Place of Business

Mailing Address

5388 10TH AVE NORTH
GREENACRES FL 334635388 10TH AVE NORTH
GREENACRES FL 33463-2061

2. Principal Place of Business

2051 S.W. 70th Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davie, FL

City & State

4. FEI Number

59-2576633

Applied For

Not Applicable

Zip

Country

33317

Zip

Country

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

6. Name and Address of Current Registered Agent

SAPIR, M. RICHARD ESQ.
222 LAKEVIEW AVE SUITE 1400
SUITE 1200
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name Thomas J. Kobus

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

5388 10th Ave. North

City GREENACRES

FL

Zip Code 33463

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!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME KOBUS, THOMAS
STREET ADDRESS 8111 GARDEN RD, UNIT K
CITY-ST-ZIP W. PALM BCH. FL ☐ DeleteTITLE S
NAME KOBUS, KATHLEEN
STREET ADDRESS 8111 GARDEN RD UNIT K
CITY-ST-ZIP WPB FL ☐ DeleteTITLE V
NAME CASASNOVAS, CLAUDIO
STREET ADDRESS 8111 GARDEN RD UNIT K
CITY-ST-ZIP WPB FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 5388 10th Ave. North
CITY-ST-ZIP GREENACRES, FL. 33463 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP " " ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP " " ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

THOMAS J. KOBUS

CR2E034 (9/99)