

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90089 029 ***550.00

DOCUMENT # K47104

1. Entity Name

AUTO PAINTING U.S.A. BODY REPAIR CENTERS INC. OF

Principal Place of Business

8780 SW 132 ST
 MIAMI FL 33176

Mailing Address

13015 SW 89 PL
 SUITE #111
 MIAMI FL 33176-5812
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8780 SW 132 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, Fl.

4. FEI Number

65-0083409

Applied For

Not Applicable

Zip

Country

Zip

Country

33176

Miami-Dade

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

VALENZUELA, GUILLERMO
 8780 SW 132 ST
 MIAMI FL 33176

Name

Gloria Jaramillo

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

8780 SW 132 St.

City

Miami

FL

Zip Code
 33176

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

Gloria Jaramillo
 Signature, typed or printed name of registered agent and title if applicable

Vice President

5/17/00

(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 | PVPD | <input checked="" type="checkbox"/> Delete |
| NAME | VALENZUELA, GUILLERMO | |
| STREET ADDRESS | 8780 SW 132 ST | |
| CITY-ST-ZIP | MIAMI FL 33176 | |
| TITLE | STD | <input checked="" type="checkbox"/> Delete |
| NAME | VALENZUELA, GUILLERMO | |
| STREET ADDRESS | 8780 SW 132 ST | |
| CITY-ST-ZIP | MIAMI FL 33176 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------|---|
| TITLE | P D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DIVINA MAYANS | |
| STREET ADDRESS | 8780 SW 132 St. | |
| CITY-ST-ZIP | Miami, Fl. 33176 | |
| TITLE | VP D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GLORIA JARAMILLO | |
| STREET ADDRESS | 8780 SW 132 St. | |
| CITY-ST-ZIP | Miami, Fl. 33176 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Divina Mayans
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

5/17/00

Date

Daytime Phone #

CR2E034 (9/99)