## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # L46862** 1. Entity Name BAINBOW AUTO REPAIRS, INC.

FILED Jan 24, 2000 8:00 am Secretary of State

Principal Plac	ee of Business	Mailing Address						
WEST FLAGLER ST SW 1ST STREET FL 33135		2502 WEST FLAGLER ST 2741 SW 1ST STREET MIAMI FL 33135-0205 US		10	U ES ES ES MANA MANA MANA MANA MANA MANA MANA MAN			
2. Principal P	Place of Business	3. Mailing Address	<del></del>					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u></u> <u>-</u>		DO NOT WRIT	TE IN THIS S	SPACE	
City & State		City & State		4. FEI N	4. FEI Number 65-0182611			oplied For
Zip	Country	Zip	Country .	5. Certifi	cate of Status Desired		\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent	<del></del>	7. Name	and Address of New R			
			Name		· · · · · · · · · · · · · · · · · · ·			
	iuel, Barcia I Sw 1st st		Street Address		(P.O. Box Number is Not Acceptable)			
MAN	MI FL 33135							
			City			FL	Zip Cod	e
8. The above	named entity submits this statement for	r the purpose of changing it	is registered office or regi	istered agent, o	r both, in the State of Flo	rida.		
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable (NC	TE: Registered Agent signature rec	quired when reinstatin	g)	DATE		
<ol> <li>This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</li> </ol>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00						
Tax filing r	requirement and elects to do so.	After MAY 1, 2	000 Fee will be \$550.0	00 (	. Election Campaign Fin Trust Fund Contribution			00 May Be d to Fees
Tax filing r (See criter	requirement and elects to do so. ria on back)	After MAY 1, 2 Make Check Paya	· ·	00 State		n.	Added	to Fees
Tax filing r (See criter 11. TITLE NAME STREET ADDRESS	OFFICERS AND  D BARCIA, MANUEL 2741 SW 1ST ST	After MAY 1, 2 Make Check Paya	12. TITLE NAME STREET ADDRESS	00 State	Trust Fund Contribution	n.	Added	to Fees
Tax filing r (See crite)  11.  ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME	requirement and elects to do so. ria on back)  OFFICERS AND  D BARCIA, MANUEL	After MAY 1, 2 Make Check Paya DIRECTORS	12 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	00 State	Trust Fund Contribution	n.	DIRECTOR	d to Fees S IN 11 Addition
Tax filing r	OFFICERS AND  D BARCIA, MANUEL 2741 SW 1ST ST	After MAY 1, 2 Make Check Paya DIRECTORS  Delete	000 Fee will be \$550.0 ble to Department of 12.  - TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	00 State	Trust Fund Contribution	n.	DIRECTOR  Change	d to Fees
Tax filing r (See crite)  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND  D BARCIA, MANUEL 2741 SW 1ST ST	After MAY 1, 2 Make Check Paya DIRECTORS  Delete	12 TITLE	00 State	Trust Fund Contribution	n.	DIRECTOR  Change	d to Fees S IN 11 Addition
Tax filing r (See criter  11.  ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  ITTLE  NAME  STREET ADDRESS  STREET ADDRESS	OFFICERS AND  D BARCIA, MANUEL 2741 SW 1ST ST	After MAY 1, 2 Make Check Paya  DIRECTORS  Delete  Delete	12 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	00 State	Trust Fund Contribution	n.	Addec	S IN 11 Addition
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13. 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.