

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90025 020 ***150.00

DOCUMENT # L67915

1. Entity Name

METRO AUTOMOTIVE PAINT AND SUPPLY CO.

Principal Place of Business

Mailing Address

3491 N.W. 79TH STREET
MIAMI FL 33147

3491 N.W. 79TH STREET
MIAMI FL 33147-4532

00023931



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0189961

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~EVANS, LAURIE P.
328 MINORCA AVE.
CORAL GABLES FL 33134~~

Name

CATALDO SAVO

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

3491 NW 79 STREET

City

MIAMI

FL

Zip Code
33147

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 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 ☐ Delete

NAME SAVO, CATALDO
STREET ADDRESS 3491 NW 79TH ST
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete

NAME SAVO, ELIZABETH
STREET ADDRESS 3491 NW 79TH ST
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete

NAME GIOVANNI D SAVO
STREET ADDRESS 3491 NW 79TH ST
CITY-ST-ZIP MIAMI FL

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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 changed, or on an attachment with an address, with all other duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/00 305 69631