

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90178 024 ***150.00

DOCUMENT # M07640

1. Corporation Name

JULIO PAINT & BODY SHOP INC.

Principal Place of Business

**3801 NW 32 AVE
MIAMI, FL 33142**

Mailing Address

**3801 NW 32 AVE
MIAMI, FL 33142**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1984

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

59-2483738

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

22

27

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

23

28

Zip

Country

Zip

Country

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAMPOS, EDUARDO
3801 NW 32 AVE
MIAMI, FL 33142**

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	PD CAMPOS, EDUARDO 6240 SW 8TH ST MIAMI, FL 33155	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	STD CAMPOS, ALINA C 6240 SW 8TH ST MIAMI, FL 33155	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP
<input type="checkbox"/> DELETE		2.1 TITLE	2.2 NAME
TITLE		2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP
<input type="checkbox"/> DELETE		3.1 TITLE	3.2 NAME
TITLE		3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP
<input type="checkbox"/> DELETE		4.1 TITLE	4.2 NAME
TITLE		4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP
<input type="checkbox"/> DELETE		5.1 TITLE	5.2 NAME
TITLE		5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP
<input type="checkbox"/> DELETE		6.1 TITLE	6.2 NAME
TITLE		6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

PRESIDENT

4/27/01

305-633-8028

Date

Telephone