## 2000 UNIFORM BUSINESS REPORT (UBR)

3795 N.W. 28TH ST.

MIAMI FL 33142-6202

3. Mailing Address

Suite, Apt. #, etc.

City & State

## **DOCUMENT # M09651** 1. Entity Name MASTER PAINT & BODY SHOP, INC. Principal Place of Business Mailing Address

Country

6. Name and Address of Current Registered Agent

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

3795 N.W. 28TH ST

MIAMI FL 33142-6202

2. Principal Place of Business

BRITO, JOSE M.

**MIAMI FL 33175** 

4120 S.W. 125TH AVE.

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

FILED Jan 19, 2000 8:00 am Secretary of State

01-19-2000 90287 003 \*\*\*150.00

UUUU04148



DATE

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.

adh, ga

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

Country

Name

City

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

1.65

\$5.00 May Be Added to Fees

Zip Code

11.	OFFICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Delete BRITO, JOSE M 4120 S.W. 125TH AVE. MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS* CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:

Date . Daytime Phone #