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2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
05-01-2000 90482 010 ***150.00

DOCUMENT # M42141

1. Entity Name

AUTO PAINTING U.S.A. BODY REPAIR CENTERS, INC. O

Principal Place of Business	Mailing Address
5388 10TH AVE NORTH GREENACRES FL 33463	5388 10TH AVE NORTH GREENACRES FL 33463-2061

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2784 N.W. 31st ST.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lauderdale Lakes	City & State
Zip: 33311 Country	Zip Country

4. FEI Number 59-2735605 ☐ Applied For ☐ Not Applicable

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
SAPIR, M. RICHARD ESQ. 222 LAKEVIEW AVE SUITE 1400 SUITE 1200 WEST PALM BEACH FL 33401	Name: Thomas J. Kobus Street Address (P.O. Box Number is Not Acceptable): 5388 10th Ave. North City: Greenacres FL Zip Code: 33463

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: Thomas J. Kobus 3/27/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P KOBUS, THOMAS 8111 GARDEN RD. UNIT K W. PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 5388 10th Ave. North Greenacres, FL. 33463
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KOBUS, KATHLEEN 8111 GARDEN RD UNIT K WPB FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition " "
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CASANOVAS, CLAUDIO 8111 GARDEN RD UNIT K WPB FL	☐ 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
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CR2E034 (9/99)

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: SIGNATURE REQUIRED 561-649-1043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #