

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90004 002 ****50.00

DOCUMENT # M98000000592

1. Entity Name

ALL DADE AUTO BODY, L.L.C.

Principal Place of Business

5220 N.W. 165TH STREET
 MIAMI LAKES FL 33014

Mailing Address

2333 PONCE DE LEON BLVD., SUITE 600
 CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

YUSKO, DAVID
 2333 PONCE DE LEON BLVD., SUITE 600
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete
 NAME PLANET AUTOMOTIVE GROUP, INC.
 STREET ADDRESS 2333 PONCE DE LEON BLVD., SUITE 600
 CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE VP ☐ Change ☒ Addition
 NAME Veronica Farr
 STREET ADDRESS 2333 Ponce de Leon Blvd., Ste 600
 CITY-ST-ZIP Coral Gables, FL 33134

TITLE ☐ Change ☐ Addition
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 NAME
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 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Veronica Farr **SIGNATURE REQUIRED** **VP** **VERONICA FARR** **4-11-02** **305-774-7690**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)