2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005226

1. Entity Name

E.T.'S EXTRA TOUCH CAR DETAILING, INC.

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

04-14-2001 90005 016 ****61.25

Principal Place of Business	Mailing Address
6025 N.W. 6TH COURT MIAMI FL 33127	6025 N.W. 6TH COURT MIAMI FL 33127

2. Principal Place of Business	3. Mailing Address
6033 N.W. 6th Court	6033 N.W. 6th Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FLORIDA	City & State: MIAMI FL
Zip 33127 Country USA	Zip 33127 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0865128

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
THOMPSON, EUGENE 6033 NW 6 COURT MIAMI FL 33127	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 $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐	$5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME THOMPSON, EUGENE STREET ADDRESS 6033 NW 6TH COURT CITY-ST-ZIP HOMESTEAD FL 33033	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33127	☐ Change ☐ Addition
TITLE SD NAME THOMPSON, MARY STREET ADDRESS 6033 NW 6TH COURT CITY-ST-ZIP HOMESTEAD FL 33033	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33127	☐ Change ☐ Addition
TITLE TD NAME BROOKS, DENISE STREET ADDRESS 5421 S 22 STREET CITY-ST-ZIP HOLLYWOOD FL 33033	☒ Delete	TITLE TD NAME Thompson, Rosalie STREET ADDRESS 6033 N. W. 6th court CITY-ST-ZIP Miami, FL 33127	☒ 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

CR2E037 (10/00)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Mary Thompson MARY Thompson 4-11-01 (305) 756-1737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #