

6/11

2002 UNIFORM BUSINESS-REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State

06-11-2002 90396 049 ***163.75

07-11-2002 90245 049 ***386.25

DOCUMENT # P00000012142

1. Entity Name
TRIPOD PAINT & BODY SHOP, INC.

Principal Place of Business

6220 NW 2ND AVENUE
 MIAMI FL 33150

Mailing Address

6220 NW 2ND AVENUE
 MIAMI FL 33150

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NELSON, ORES
1339 W 19TH PL #112
HIALEAH FL 33012

Name **JEAN MAX ADOPTER**
 Street Address (Box Number is Not Acceptable)

6220 NW 2nd Ave
 City **MIAMI** FL **33150**

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 *Jean Max Adopter*

(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, 2002 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 **P** ☒ Delete
 NAME **NELSON, ORES**
 STREET ADDRESS **290 SW 100 TERR**
 CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE **VP** ☒ Change ☐ Addition
 NAME **ORES NELSON**
 STREET ADDRESS **290 SW 100 TERR**
 CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE **VP** ☒ Delete
 NAME **LAROCHE, MARIE**
 STREET ADDRESS **290 SW 100 TERR**
 CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE **P** ☐ Change ☒ Addition
 NAME **JEAN MAX ADOPTER**
 STREET ADDRESS **55 NE 174 DRIVE North Miami Beach**
 CITY-ST-ZIP **FL 33162**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Jean Max Adopter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/02 (305) 252-8111
 Date Daytime Phone #

CR2E034 (9/01)