FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR 26 AM 11:25

DOCUMENT # P00000012712

1. Entity Name

New Millennium Painting and Body Shop Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12901 Alexandria Dr.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Opa locka, FL	City & State
Zip: 33054 Country: Dade	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0991975 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Hector M. Vasquez

Street Address (P.O. Box Number is Not Acceptable): 9555 Dominican Dr.

City: Colter Ridge FL Zip Code: 33189

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X Hector M. Vasquez
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Hector M. Vasquez 9555 Dominican Dr. Colter Ridge, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	600035786916 05/07/04--01095--023 **600.00
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CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: X Hector M. Vasquez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of $ 600.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2001, 2002, 2003 and 2004 or any other notice from the Division of Corporations in respect with the Corporation **MILLENIUM PAINTING AND BODY SHOP, INC.**

Thank you for your courtesy in this matter.

x Hector M. Vasquez

HECTOR M. VASQUEZ
PRESIDENT