9/6/01-90261-017-$550.00-$550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000029890

1. Entity Name
COMMERCE LANE PAINT & BODY SHOP, INC.

FILED
01 NOV 16 AM 10: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
10321 S.W. 55TH STREET MIAMI FL 33156	10321 S.W. 55TH STREET MIAMI FL 33156

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

200

2. Principal Place of Business	3. Mailing Address
5884 Commerce Lane	10321 SW 55 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: South Miami, Fl	City & State: Miami, FL
Zip: 33143 Country: U.S.A	Zip: 33165 Country:

4. FEI Number 65-0993388 ☐ 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
GONZALEZ, RICHARD 10321 S.W. 55TH STREET MIAMI FL 33156	Name: Gonzalez Richard Street Address (P.O. Box Number is Not Acceptable): 10321 SW 55 St City: Miami FL Zip Code: 33165

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 X [signature]

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 $550.00
After September 12, 2001 Fee will be $750.00
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	PD GONZALEZ, RICHARD 10321 S.W. 55TH STREET MIAMI FL 33156 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700004718737--3 -12/11/01--01031--030 ****200.00 ****200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/01)

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

[signature]