

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000044751

1. Entity Name

THE DENT REMOVER, INC.

Principal Place of Business

2280 SUNSHINE BLVD.
MIRAMAR FL 33023

Mailing Address

2280 SUNSHINE BLVD.
MIRAMAR FL 33023

2. Principal Place of Business

2280 Sun Shine Blvd

3. Mailing Address

2280 Sun Shine Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miramar FL

City & State

Miramar FL

4. FEI Number

65-1009492

Applied For

Not Applicable

Zip

33023

Country

Broward

Zip

33023

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLON, MICHAEL
2280 SUNSHINE BLVD.
MIRAMAR FL 33023

7. Name and Address of New Registered Agent

Name

Colon, Michael

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

2280 Sun Shine Blvd

City

Miramar

FL

Zip Code

33023

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

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, 2001-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

TITLE ☐ Delete
NAME D
STREET ADDRESS COLON, MICHAEL
CITY-ST-ZIP 2280 SUNSHINE BLVD.
MIRAMAR FL 33023

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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)(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/01 (951) 812-2914
Date Daytime Phone #

CR2E034 (10/00)