

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000058086

1. Entity Name
SAMMY CUSTOM AUTO BODY SHOP, INC.

Principal Place of Business
13801 S.W. 142ND AVENUE
MIAMI FL 33186

Mailing Address
13801 S.W. 142ND AVENUE
MIAMI FL 33186

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

4. FEI Number ☒ 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

DUMAS, SAMUEL
13801 S.W. 142ND AVENUE
MIAMI FL 33186

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
DUMAS, SAMUEL
13801 S.W. 142ND AVENUE
MIAMI FL 33186 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500004704955-1
-12/05/01--01002--013
****150.00 ****150.00 ☐ 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

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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 30 PM 3:01



DO NOT WRITE IN THIS SPACE

0236331

CR2E034 (10/00)

The following clients had their documents returned. We are enclosing the documents that they had given to us, that we sent to you, that were processed by someone else and returned back to the client.

In the case of "New Neuro Rehabilitation Center, Inc., they voided their original check dated April 27, 2001 upon receipt in September, 2001 and prior to speaking with me. I am enclosing a copy of that voided check and a replacement check they issued for that one. In all other cases, the original check and any respective documents are attached. The clients in this set are:

NEW NEURO REHABILITATION CENTER, INC.

SAMMY CUSTOM AUTO BODY SHOP, INC.

SAMMY CUSTOM AUTO SALES, INC.

MIGUEL ESPINOSA LAND SURVEYING, INC.

TUTTI FRUTTI, INC.