APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000066108

1. Entity Name
VILLA BLANCA BODY SHOP, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2902 NW 22 ST<br>MIAMI, FL 33142 | 2902 NW 22 ST<br>MIAMI, FL 33142 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 651023800 — X 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 |
|---|---|
| ZURITA, EDINSON<br>2902 NW 22 ST<br>MIAMI, FL 33142 | Name: Victor M. Zurita<br>Street Address (P.O. Box Number is Not Acceptable): 2902 nw 22 st.<br>City: Miami FL Zip Code: 33142 |

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: Victor M. Zurita — 03 28 03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>MOREJON, VICTOR M<br>2738 NW 21 TERRACE<br>MIAMI, FL 33142 | X Delete | President<br>Victor M. Zurita<br>2902 nw 22 St<br>Miami, FL 33142 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>ZURITA, EDINSON<br>2902 NW 22 ST<br>MIAMI, FL 33142 | X Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
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CR2E034 (10/02)

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05/07/03--01082--030 **150.00

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Victor M. Zurita — 3/28/03 — 305 633 9998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #