

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P0000072155**  
 1. Entity Name  
**AUTOMIAMB PAINT & BODY SHOP, INC.**

Principal Place of Business      Mailing Address  
 7304 S.W. 42ND STREET      7304 S.W. 42ND STREET  
 MIAMI FL 33155      MIAMI FL 33155

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State


Zip      Country      Zip      Country

6. Name and Address of Current Registered Agent  
**CARRERO, EMILIO D JR.**  
**15554 S.W. 25TH STREET**  
**MIRAMAR FL 33027**

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 *Emilio D Jr Carrero*      DATE **4-2-01**  
Signature typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when resigning)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**FILED**  
**01 APR 19 PM 3:13**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. Fee Number **65-1029489**      Applied For  Not Applicable   
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>D</b>	<b>CARRERO, EMILIO D JR.</b>	<b>15554 S.W. 25TH STREET</b>	<b>MIRAMAR FL 33027</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Emilio D Carrero*      Date: **3-20-01**      Daytime Phone #: **(305) 262-173**

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