

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90108 007 ***150.00

DOCUMENT # P00000078676

1. Entity Name
PERFECTION CAR CARE, INC.



Principal Place of Business
16667 SW 1ST STREET
PEMBROKE PINES FL 33027

Mailing Address
16667 SW 1ST STREET
PEMBROKE PINES FL 33027



2. Principal Place of Business
1149 SW 27th Ave

3. Mailing Address
1149 SW 27th Ave

Suite, Apt. #, etc.
103

Suite, Apt. #, etc.
103

City & State
Miami FL

City & State
Miami

Zip
33135

Country
U.S.

Zip
33135

Country
U.S.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1038157

Applied For

Not Applicable

5. Certificate of Status Desired - ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIMENTEL, RENE A
16667 SW 1ST STREET
PEMBROKE PINES FL 33027

7. Name and Address of New Registered Agent

Name Ruben Pimentel

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

1149 SW 27th Ave

City Miami

FL

Zip Code 33135

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE D
NAME PIMENTEL, RENE A
STREET ADDRESS 16667 SW 1ST STREET
CITY-ST-ZIP PEMBROKE PINES FL 33027 ☒ Delete

TITLE Pimentel, Ruben
NAME Pimentel, Ruben
STREET ADDRESS PO Box 268474
CITY-ST-ZIP WESTON FL 33326 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. 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 ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #