

# 201 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000085442

1. Entity Name

DETAILED MOBILE CAR WASH, INC.

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90281 024 \*\*\*150.00

Principal Place of Business

13791 SW 66TH ST., E270  
MIAMI FL 33183

Mailing Address

13791 SW 66TH ST., E270  
MIAMI FL 33183

2. Principal Place of Business

8981 SW 142 Ave

3. Mailing Address

Suite, Apt. #, etc.

#1215

City & State

Miami FL

Zip

33186

Country

~~USA~~

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

OLIVERA, JULIO C  
13791 SW 66TH ST., E270  
MIAMI FL 33183

7. Name and Address of New Registered Agent

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

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	D	<input checked="" type="checkbox"/> Delete
NAME	OLIVERA, JULIO C	
STREET ADDRESS	13791 SW 66TH ST., E270	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEDINA, LISETTE C	
STREET ADDRESS	13791 SW 66TH ST., E270	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIO C. OLIVERA	
STREET ADDRESS	8981 SW 142 AVE #1215	
CITY-ST-ZIP	MIAMI, FL 33186 (President)	
TITLE	Lisette Medina	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISETTE MEDINA	
STREET ADDRESS	8981 SW 142 AVE #1215	
CITY-ST-ZIP	MIAMI, FL 33186 (Director)	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

President

4/15/01

Date

305.386-6041

Daytime Phone #

CR2E034 (10/00)