

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90053 031 ***150.00

DOCUMENT # P00000086608

1. Entity Name
ALMIGHTY MOBILE AUTO DETAILING, INC.

Principal Place of Business
3430 WEST HILLSBORO BOULEVARD
UNIT 106
COCONUT CREEK FL 33073

Mailing Address
3430 WEST HILLSBORO BOULEVARD
UNIT 106
COCONUT CREEK, FL 33073



2. Principal Place of Business
3580 WEST HILLSBORO BLVD

3. Mailing Address
PO BOX 745

Suite, Apt. #, etc.
UNIT 101

Suite, Apt. #, etc.

City & State
COCONUT CREEK FL

City & State
DEERFIELD BEACH FL

4. FEI Number **65-1043253**

Applied For
 Not Applicable

Zip
33073

Country

Zip
33443-0745

Country

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

CRISTOVAU, PAULO W
3430 W HILLSBORO BLVD
106
COCONUT CREEK FL 33073

Name
CRISTOVAU, PAULO W
 Street Address (P.O. Box Number is Not Acceptable)
3580 W HILLSBORO BLVD
101
 City
COCONUT CREEK **FL** Zip Code
33073

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 **PAULO W. CRISTOVAU** **04/14/02**
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, 2002 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	PSTD CRISTOVAU, PAULO W 3430 WEST HILLSBORO BOULEVARD COCONUT CREEK FL 33073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3580 WEST HILLSBORO BOULEVARD # 101 COCONUT CREEK FL 33073	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

04/14/02 **(954) 303-7726**
 Date Daytime Phone #

CR2E034 (9/01)