## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P00000093656 **DOCUMENT#**

1. Entity Name

SIGNATURE:



## **FILED** Feb 13, 2003 8:00 am Secretary of State 02-13-2003 90275 022 \*\*\*150.00

Daytime Phone #

COLORMAX AUTO BODY SUPPLY, INC.											
Principal Place of Business 5676 FUNSTON STREET HOLLYWOOD FL 33023		2090 NV SUITE 6	Mailing Address 2080 NW BOCA RATON BLVD. SUITE 6 BOCA RATON FL 33431								
2. Principal Plac	e of Business	3. Mailir	ng Address				J 19811660t litt aditit aditit aditit aditit	BEILI BEILE			
Suite, Apt. #,	etc	Suite,	Apt. #, etc = -	=			CHECK HERE I	MAKIN			
City & State		City 8	City & State				65-1045941			lied For Applicable	
Oity a State	**	Zip		Country		1-	Certificate of Status Desired		\$8.75 Addit		
Zip	Country				···,	- 1	ame and Address of New Re		Fee Required		
A STATE OF	6. Name and Address of Curre	nt Registered	i Agent		Name		ame and Address of New I	9.0.0.			
RUBIN, GAR			Street Addres			s (P.O. Box Number is Not Acceptable)					
	OCA RATON BLVD. #6										
BOCA RATO	JN FL 33421			!	City			F	Zip Code		
	amed entity submits this statemen	1 ( 4b	and of changing its	register	ed office or regist	tered ag	ent, or both, in the State of Flo	rida. I ar	n familiar with, a	nd accept	
8. The above n the obligation	amed entity submits this statement as of registered agent.	( IOI (IIIe purp	gge of changing no								
SIGNATURE	ignature, typed or printed name of registered ag	ent and title if app	licable. (NOT	E: Register	ed Agent signature requ	ired when re	einstating)	DATE			
====Ell	E:NOWIII-FEE-IS-\$150:00-						9. Election Campaign Fire			May Be to Fees	
After	May 1, 2003 Fee will be \$550.0 Payable to Florida Departmen	00 t of State					Trust Fund Contributio		_		
10.		ND DIRECTO	RS	11		ΑĹ	DDITIONS/CHANGES TO OFF	ICERS A	ND DIRECTORS  Change	3 IN 11 Addition	
TITLE	P		☐ Delete	TIT	LE ME				Change		
NAME	HERNANDEZ, ARMONDO				REET ADDRESS						
	14581 SW 114TH TERRACE MIAMI FL 33186			cr	TY-ST-ZIP			<u> </u>	Change	Addition	
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CHY-SI-ZIP		H with this filin	ng does not qualify	for the	exemption stated	in Section	on 119.07(3)(i), Florida Statute	s. I furthe	r certify that the	information or director	
indicated of the co	certify that the information supple d on this report or supplemental re- reporation or the receiver or trustee l, or on an attachment with an add	ort is true an empowered tress, with all o	d accurate and the to execute this repotent other like empower	at my sig ort as re ed.	nature shall have puired by Chapte	e me sam er 607, Fl	orida Statutes; and that my ha	ime appe	ars in Block 10	or Block 11 i	