

2001 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
Mar 12, 2001 8:00 am
Secretary of State

02-26-2001 90543 014 ***150.00

DOCUMENT # P00000100686

1. Entity Name

MIAMI DIAL REFINISHING, INC.

Principal Place of Business

**36 N.E. 1 STREET
 SUITE 927
 MIAMI FL 33132**

Mailing Address

**36 N.E. 1 STREET
 SUITE 927
 MIAMI FL 33132**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**HERNANDEZ, JOSE R
 9730 SW 55 ST
 MIAMI FL 33165**

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, type, 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 ☐ Delete

**PD
 HERNANDEZ, JOSE R
 9730 SW 55 ST
 MIAMI FL 33165**

TITLE ☐ Delete

**VD
 PEREZ, FLAVIA
 9730 SW 55 ST
 MIAMI FL 33165**

TITLE ☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE

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

02/15/01

(305) 3770952

Date

Daytime Phone #

CR2E034 (10/00)