

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000105566

1. Entity Name
AUTO TRIM DOCTOR INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90232 015 ***150.00

Principal Place of Business
3530 MYSTIC POINTE DR., STE. 3215
AVENTURA FL 33180

Mailing Address
3530 MYSTIC POINTE DR., STE. 3215
AVENTURA FL 33180

140000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5750 Collins Ave
Suite, Apt. #, etc.
5F

3. Mailing Address
5750 Collins Ave
Suite, Apt. #, etc.
5F

City & State
MIAMI BEACH FLORIDA
Zip
33140
Country
USA

City & State
MIAMI BEACH FL
Zip
33140
Country
US

4. FEI Number
65-1053553
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MATALON, VICTOR
3530 MYSTIC POINTE DR., STE. 3215
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name
YEHUDA MIARA
Street Address (P.O. Box Number is Not Acceptable)
5750 Collins Ave, #5F
City
MIAMI BEACH FL Zip Code
33140

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.

YEHUDA MIARA PRESIDENT 1/10/01
(NOTE: Registered Agent's 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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/SEC/TREAS VICTOR MATALON 3530 MYSTIC POINTE DRIVE AVENTURA FL 33180	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/SEC/TREAS YEHUDA MIARA 3205 NE 38th St Apt 9104 AVENTURA FL 33160	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/SEC/TREAS YEHUDA MIARA 5750 Collins Ave #5F MIAMI BEACH - FL 33140	<input type="checkbox"/> Change <input checked="" 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
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

YEHUDA MIARA

Date

10/1/01

Daytime Phone #

305 586 1410

CR2E034 (10/00)