FILED

Daytime Phone #

Date

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Feb 14, 2002 8:00 am Secretary of State P01000004206 DOCUMENT # 1. Entity Name MIAMINALITO BODY REPAIR. INC. 02-14-2002 90044 027 ***158.75 MIAMI AUTO BODY REPAIR & AUTO SALES, INC. Principal Place of Business Mailing Address 2738 NW 21 TERR 2738 NW 21 TERR MIAMI FL 33142 MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Numbe Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KIJOS, GINO XSERBANGL XEDWIN Street Address (P.O. Box Number is Not Acceptable) 2738 NW 215T. X2903XWWX28XAVEXX XXIAM PLX33 PAZXX 33142 FLMIAMI, Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE.IS.\$150.00 9. This corporation is eligible to satisfy its Intangible -10._Election-Campaign-Financing \$5.00-May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE RIJOS, GINO NAME NAME 2738 NW 21 TERR STREET ADDRESS STREET ADDRESS **MIAMI FL 33142** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE RIJOS, NINA NAME NAME 2738 NW 21 TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33142** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Detete TOTALE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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