

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**  
 05-27-2002 90354 048 \*\*\*150.00

0135/1 AV

**DOCUMENT # P01000021908**

**1. Entity Name**  
**XTREME CARS BODY WORK'S INC**

**Principal Place of Business**

**4598 E 10 LANE**  
**HIALEAH FL 33013**

**Mailing Address**

**4598 E 10 LANE**  
**HIALEAH FL 33013**

**2. Principal Place of Business**

**4220 E. 11 Ave.**

**3. Mailing Address**

**4220 E. 11 Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**Hialeah, FL**

**City & State**

**Hialeah, FL**

**Zip**

**33013**

**Country**

**USA**

**Zip**

**33013**

**Country**

**USA**

**4. FEI Number**

**651087342**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**MARTIN, JESS**

**480 WEST 40TH PLACE**

**HIALEAH FL 33012-3838**

**7. Name and Address of New Registered Agent**

**Name**

**Jessy Martin**

**Street Address (P.O. Box Number is Not Acceptable)**

**10203 NW. 126th St.**

**City**

**Hialeah Gardens**

**FL**

**Zip Code**

**33018**

**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.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**04/28/02**

**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**

**TITLE** **PD** ☐ Delete

**NAME** **MARTIN, JESSY**  
**STREET ADDRESS** **480 WEST 40TH PLACE**  
**CITY-ST-ZIP** **HIALEAH FL 33012-3838**

**TITLE** **VD** ☒ Delete

**NAME** **BATISTA, DENIS**  
**STREET ADDRESS** **468 SE 9TH CT.**  
**CITY-ST-ZIP** **HIALEAH FL 33010**

**TITLE** **SD** ☐ Delete

**NAME** **MARTIN, MIGUEL A**  
**STREET ADDRESS** **3510 NW 97TH ST**  
**CITY-ST-ZIP** **MIAMI FL 33147**

**TITLE** ☐ Delete

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☒ Change ☐ Addition

**NAME** **Vice-President Miguel A. Martin**  
**STREET ADDRESS** **75 E. 19 St.**  
**CITY-ST-ZIP** **Hialeah, FL 33010**

**TITLE** ☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition

**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**

**4/28/02**

Date

**(786) 256-1743**

Daytime Phone #

CR2E034 (9/01)