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

## P01000032546 **DOCUMENT #**

1. Entity Name

TRUKKAR PAINT & BODY CORP.



**FILED** Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90099 042 \*\*\*150.00

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Principal Place of Business 8851 NW 119TH ST. UNIT 5217 HIALEAH GARDENS FL 33018-7917			Mailing Address 8851 NW 119TH ST. UNIT 5217 HIALEAH GARDENS FL 33018-7917									::  <b>-</b>   -  -  -  -  -  -  -  -  -  -  -  -
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City & State				4. FEI	Number <b>65-108</b> 8	3337		-	Applied For
Zip	Country	Zip Cou			ntry		5. Certificate of Status Desired			·\$		Not Applicable
6. Name and Address of Current Registered Agent							7. Nan	me and Address of N	Vew Registe			reu
					Name			-			->	
PERDOMO, DOUGLAS					Street A	Address (P.C	) Boy	Number is Not Accep	ntable\			
	119TH ST. UNIT 5217				OHOU!		J. DOX	Trumber is Not Accep	plable)			
HIALEAH	GARDENS FL 33018-7917				ļ				-		"	·
					City			-		FL	Zip Co	- 1
8. The above	e named entity submits this statement for	the pur	pose of changing its	registere	ed office o	r registered	agent,	, or both, in the State	of Florida. I	am far	L niliar with	n, and accept
the obligat	tions of registered agent.					-						, and adoopt
SIGNATURE												
	Signature, typed or printed name of registered agent a	nd title if ap	plicable. (NOTE	: Registere	d Agent signat	ture required who	en reinsta	ating)	DA	ATE.		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State			-			9. Election Campaig Trust Fund Contri				00 May Be ed to Fees
10.	OFFICERS AND E	DIRECTO	ORS	11.			ADDIT	TIONS/CHANGES TO	OFFICERS	AND D	IRECTO	RS IN 11
TITLE	PD POUCLES		☐ Delete	TITLE							Change	
NAME STREET ADDRESS CITY-ST-ZIP	PERDOMO, DOUGLAS 8851 NW 119TH ST. UNIT 5217 HIALEAH GARDENS FL 33018-791	17			ET ADDRESS ST-ZIP							
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CITY-ST-ZIP		<b>~</b> 0		CITY-S								
12 I hereby c	ertify that the information supplied with the	X.		<del></del>								

r nereby certify that the information supplied with this filling 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

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Daytime Phone #