

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90363 049 \*\*\*158.75

DOCUMENT # P010000 49476

1. Entity Name

PERFECTION QUALITY REPAIR, CORP.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

10782 S.W. 188th

3. Mailing Address

10764 S.W. 188th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10764 SW 188th

City & State  
MIAMI FLORIDA

City & State  
MIAMI FLORIDA

4. FEI Number

651105800

☒ Applied For

☐ Not Applicable

Zip  
33157

Country  
U.S.A

Zip  
33157

Country  
U.S.A

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

ADRIANA AVEO

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

11270 S.W. 180th

City

MIAMI

FL

Zip Code

33157

**DO NOT WRITE  
IN THIS SPACE**

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 ADRIANA AVEO Adriana Aveo

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-25-02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 EDUARDO MARTINEZ 10764 S.W. 188th MIAMI FL 33157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ADRIANA AVEO 11270 SW 180th MIAMI FL 33157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/01)

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

SIGNATURE: ADRIANA AVEO Adriana Aveo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-02

Date

Daytime Phone #