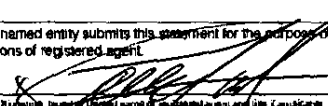
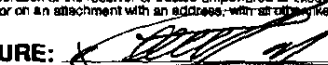


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90827 016 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000058823		
1. Entity Name DENT REMOVAL SPECIALIST INC.		
Principal Place of Business 1801 COLLINS AVE. SUITE 331 MIAMI BEACH, FL 33139		Mailing Address 1801 COLLINS AVE. SUITE 331 MIAMI BEACH, FL 33139
2. Principal Place of Business 356 W. 46th St.		3. Mailing Address same
Suite, Apt. #, etc. 7		Suite, Apt. #, etc.
City & State Miami Beach		City & State
Zip 33140		Country
Country Dade		Zip
4. FEI Number 65-1121586		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CARABAJAL, GERARDO C 1801 COLLINS AVE. SUITE 331 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
12. 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address-without-office file empowered.		
SIGNATURE:  04/29/03 (203) 718-3242		