

4/1/0

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90005 003 \*\*\*150.00

DOCUMENT # P01000066525

1. Entity Name

ALVAREZ PAINT &amp; BODY SHOP, CORP.

Principal Place of Business

1002 E 24 STREET  
HIALEAH FL 33013

Mailing Address

1002 E 24 STREET  
HIALEAH FL 33013

24810



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

SAME

City &amp; State

SAME

City &amp; State

SAME

4. FEI Number

65-1120049

Applied For

Not Applicable

Zip

SAME

Country

SAME

Zip

SAME

Country

5. Certificate of Status Desired

☐ \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

 ALVAREZ, RICARDO  
 1002 E 24 STREET  
 HIALEAH FL 33013

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

 TITLE P ☐ Delete  
 NAME ALVAREZ, RICARDO  
 STREET ADDRESS 1002 E 24 STREET  
 CITY-ST-ZIP HIALEAH FL 33013

 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE V ☐ Delete  
 NAME ALVAREZ, CARIDAD  
 STREET ADDRESS 1002 E 24 STREET  
 CITY-ST-ZIP HIALEAH FL 33013

 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE S ☐ Delete  
 NAME ALVAREZ, ISABEL  
 STREET ADDRESS 1002 E 24 STREET  
 CITY-ST-ZIP HIALEAH FL 33013

 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE T ☐ Delete  
 NAME ALVAREZ, RICARDO JR  
 STREET ADDRESS 1002 E 24 STREET  
 CITY-ST-ZIP HIALEAH FL 33013

 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Delete  
 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:

 PRESIDENT  
 [Signature]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-02

305-691-2511

Date

Daytime Phone #

CR2E034 (9/01)