

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

5/5/2

05-05-2003 90229 030 ***150.00

DOCUMENT # P01000071579

1. Entity Name
CP & B REFINISHING CENTER, INC.



Principal Place of Business
7967 S.W. 105TH PLACE
MIAMI FL 33173

Mailing Address
7967 S.W. 105TH PLACE
MIAMI FL 33173

55056045



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **APPLIED FOR**

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARANGO, MARIO R
2340 SOUTH DIXIE HWY
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name **MARIO R. ARANGO, Esquire**
Street Address (P.O. Box Number is Not Acceptable) **1550 N.E. MIAMI GARDENS DRIVE**
SUITE 402
City **NORTH MIAMI BEACH** **FL** **Zip Code** **33179**

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 **SIGNATURE, typed or printed name of registered agent and fee, if applicable.**

MARIO R. ARANGO
(NOTE: Registered Agent signature required when reinstalling)

1/22/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D.** ☐ Delete
NAME **KRAMER, SCOTT M**
STREET ADDRESS **7967 S.W. 105TH PLACE**
CITY-ST-ZIP **MIAMI FL 33173**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 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: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4.30.03 954.454.4995
Date **Daytime Phone**

CR2E034 (10/02)

Attachment

September 3, 2003

55056045
PO1000071579

Florida Department of State
Division of Corporations
Post Office Box 1500
Tallahassee, Florida 32302

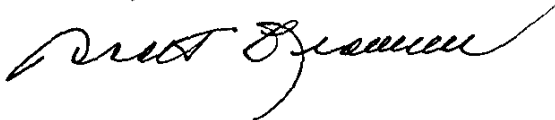
Dear Sirs:

I am in receipt of your returned copy of my original application. I am somewhat confused because at the time of submission I had sent a copy of my EIN #. Clearly, that additional paperwork was misplaced once it was received by your department.

That being stated, I would respectfully request that you re-process my application with the number being filled in on the original application. Hopefully, this will prevent the number or additional paperwork from being misplaced.

Thank you for your prompt attention in the handling of this matter.

Sincerely,



Scott Kramer