

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90178 037 ***150.00

DOCUMENT # P01000074848

1. Entity Name
CRIST BODY SHOP & PAINT, INC.

Principal Place of Business

2315 NW 7 AVE
 MIAMI FL 33127

Mailing Address

2315 NW 7 AVE
 MIAMI FL 33127

2. Principal Place of Business

2470 NW 33 AVE

3. Mailing Address

MIAMI FL 33148

Suite, Apt. #, etc.

MIAMI FL 33148

Suite, Apt. #, etc.

MIAMI FL 33148

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33148

Country

DAOR

Zip

33148

Country

DAOR

4. FEI Number

65-1126283

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MENA, JOSE L
2315 NW 7 AVE
MIAMI FL 33127

7. Name and Address of New Registered Agent

Name

2470 NW 33 AVE

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

MIAMI

City

MIAMI

FL

Zip Code

33148

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 re-registering)

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

TITLE **PD** ☐ Delete
 NAME **BALBUENA, ANGEL**
 STREET ADDRESS **2315 NW 7 AVE**
 CITY-ST-ZIP **MIAMI FL 33127**

TITLE **VSD** ☐ Delete
 NAME **MENA, JOSE L**
 STREET ADDRESS **2315 NW 7 AVE**
 CITY-ST-ZIP **MIAMI FL 33127**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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, 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

Date

Daytime Phone #

3/28/02 **786-517-2695**

CR2E034 (9/01)