

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/1

FILED
Feb 14, 2003 8:00 am
Secretary of State

01-16-2003 90061 003 ***150.00

DOCUMENT # P02000006880

1. Entity Name

SAN ANTONIO BODY SHOP, CORP.



Principal Place of Business
17094 COLLINS AVE., #A-112
SUNNY ISLES FL 33160

Mailing Address
17094 COLLINS AVE., #A-112
SUNNY ISLES FL 33160

2. Principal Place of Business

4001 W 18th Ave

Suite, Apt. #, etc.

3. Mailing Address

4130 W 18th Avenue

Suite, Apt. #, etc.

City & State

Hialeah FL

City & State

Hialeah FL

4. FEI Number

02-0537612

Applied For

Not Applicable

Zip

33012

Country

USA

Zip

33012

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HERNANDEZ, VIRGILIO
17094 COLLINS AVE., #A-112
SUNNY ISLES FL 33160

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

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

(NOTE: Registered Agent signature required when reinstating)

01-11-03

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **HERNANDEZ, VIRGILIO**
STREET ADDRESS **17094 COLLINS AVE., #A-112**
CITY-ST-ZIP **SUNNY ISLES FL 33160**

TITLE **VD** ☐ Delete
NAME **HERNANDEZ, NIDIA R**
STREET ADDRESS **17094 COLLINS AVE., #A-112**
CITY-ST-ZIP **SUNNY ISLES FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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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:

Virgilio Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-11-03

Date

(305) 825-8922

Daytime Phone #

CR2E034 (10/02)