

1042

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> P02000028736 <b>1. Entity Name</b>  MUJICA & OLIVERA BODY SHOP, INC.	
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FILED

04 OCT 28 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 3677 NW 47 ST Suite, Apt. #, etc. BUILDING-B City & State MIAMI, FL Zip 33142		<b>3. Mailing Address</b> 3677 NW 47 ST Suite, Apt. #, etc. BUILDING B City & State MIAMI, FL Zip 33142		<b>4. FEI Number</b> 01-0629644	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>Country</b> USA		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	

**REINSTATEMENT 2004**  
DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	Name RAFAEL B MUJICA	
	Street Address (P.O. Box Number is Not Acceptable) 330 W 39 PL	
	City HIALEAH	Zip Code 33012

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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**

**11.**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b> P/D RAFAEL B MUJICA 330 W 39 PL HIALEAH, FL 33012	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

500042282065  
10/28/04--01035--008 \*\*150.00

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

RAFAEL B MUJICA

10/25/2004

786-298-6053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2052

October 25, 2004

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O BOX 6327  
TALLAHASSEE, FL 32314

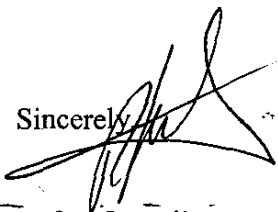
RE: UNIFORM BUSINESS REPORT  
MUJICA & OLIVERA BODY SHOP, INC.  
DOC. NO.: P02000028736

To whom it may concern,

The reason of this letter is to notify you that we did not receive the prior notice of the Uniform Business Report 2004 For Profit Corporation.

Enclosed you can find the form UBR, which has been prepared by our accountant with the corresponding changes and payment of \$150.00 dollars.

Sincerely,



Rafael B Mujica  
President  
MUJICA & OLIVERA BODY SHOP, INC.