

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

02-26-2003 90173 002 ***150.00

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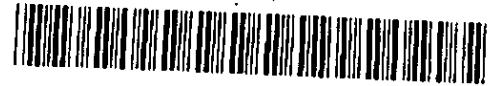
1. Entity Name
MIAMI 'S FINEST AUTO DETAILING, INC.



Principal Place of Business
**10341 SW 164TH STREET
MIAMI FL 33157**

Mailing Address
**10341 SW 164TH STREET
MIAMI FL 33157**

00010004



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **26-0061272**
Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required.

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

**MILLER, ARLESTER L
10341 SW 164TH STREET
MIAMI FL 33157**

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

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.

FL Zip Code

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, ARLESTER L 10341 SW 164TH STREET MIAMI FL 33157	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Arlester L Miller* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)