

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90314 002 ***150.00

DOCUMENT # P92000000163

1. Entity Name

LA CARIDAD PAINT & BODY SHOP CORP.



Principal Place of Business

**9455 N.W. 109TH ST.
BAY 102
MEDLEY FL 33178**

Mailing Address

**9455 N.W. 109TH ST.
BAY 102
MEDLEY FL 33178**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0365571

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ALONSO, ELVIRA
9455 NW 109 ST
BAY 108
MEDLEY FL 33178**

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

Signature, typed or printed name of registered agent and title 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

TITLE **P** ☐ Delete
NAME **ALONSO, ELVIRA**
STREET ADDRESS **9455 NW 109 TH ST B 108**
CITY-ST-ZIP **MEDLEY FL 33178**

TITLE **T** ☐ Delete
NAME **ALONSO, ELVIRA**
STREET ADDRESS **9455 NW 109TH ST B108**
CITY-ST-ZIP **MEDLEY FL 33178**

TITLE **S** ☐ Delete
NAME **AGUILA, SWANEE**
STREET ADDRESS **9455 NW 109 ST B 108**
CITY-ST-ZIP **MEDLEY FL 33178**

TITLE **VP** ☐ Delete
NAME **AGUILA, CARLOS R**
STREET ADDRESS **9455 NW 109 ST B108**
CITY-ST-ZIP **MEDLEY FL 33178**

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

TITLE ☐ Change ☐ Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pres.

4-23-03

*305
889-2110*

CR2E034 (10/02)