

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91769 043 \*\*\*550.00

0297637 AV

**DOCUMENT # P93000051382**

1. Entity Name  
**FRANK PAINT AND BODY SHOP, INC.**



Principal Place of Business  
**7835 NW 53RD STREET  
BAY A & B  
MIAMI FL 33166**

Mailing Address  
**1615 SW 122 AVE., STE. 1  
MIAMI FL 33175**



2. Principal Place of Business  
**7835 NW 53 STREET  
Suite, Apt. #, etc.  
A-13**

3. Mailing Address  
**1615 SW 122 AVE #1  
Suite, Apt. #, etc.**

CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI FLORIDA  
Zip  
33166  
Country  
US**

City & State  
**MIAMI FLORIDA  
Zip  
33175  
Country  
US**

4. FEI Number **65-0424514**  
Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GOMEZ, FRANKLIN J  
1615 SW 122 AVE., UNIT 1  
MIAMI FL 33175-7305**

**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 *Franklin Gomez* **FRANKLIN GOMEZ**

(NOTE: Registered Agent signature required when reinstating)

**4-28-03**  
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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GOMEZ, FRANKLIN J</b> <b>1615 SW 122ND AVE., SUITE 1</b> <b>MIAMI FL 33175</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>- FRANKLIN GOMEZ</b> <b>1615 SW 122 AVE APT #1</b> <b>MIAMI FLA 33175</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>FRANKLIN GOMEZ</b> <b>1615 SW 122 AVE #1</b> <b>MIAMI FLA 33175</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>FRANKLIN GOMEZ</b> <b>1615 SW 122 AVE #1</b> <b>MIAMI FLA 33175</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>FRANKLIN GOMEZ</b> <b>1615 SW 122 AVE #1</b> <b>MIAMI FLA 33175</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>FRANKLIN GOMEZ</b> <b>1615 SW 122 AVE #1</b> <b>MIAMI FLA 33175</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b>	<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: *Franklin Gomez* **FRANKLIN GOMEZ** **4-28-03-3055991327**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/02)