

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000053355

1. Entity Name

SHINING STAR AUTO BODY SHOP, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90109 042 ***150.00

Principal Place of Business

Mailing Address

1661 SW BILTMORE ST
PORT ST LUCIE FL 34984
US

1661 SW BILTMORE ST
PORT ST. LUCIE FL 34984-3413
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0428417**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CESAIRE, FELIX
1661 SW BILTMORE ST
PORT ST. LUCIE FL 34984

Name **Christine McKenzie**

Street Address (P.O. Box Number is Not Acceptable)
1661 SW Biltmore Street

Pt St Lucie, Fl 34984

City **Pt St Lucie** **FL** Zip Code **34984**

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.

SIGNATURE *Christine McKenzie*
Signature, typed or printed name of registered agent and title if applicable

Christine McKenzie, Bookkeeper

(NOTE: Registered Agent signature required when reinstating)

4/17/00
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete

NAME **MCKENZIE, RUDOLPH**
STREET ADDRESS **1661 BILTMORE ST SW**
CITY-ST-ZIP **PT ST LUCIE FL**

TITLE **VST** ☐ Delete

NAME **MCKENZIE, R I**
STREET ADDRESS **1661 SW BILTMORE ST**
CITY-ST-ZIP **PSL FL 34984**

TITLE ☐ Delete

NAME ☐ Delete

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NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rudolph McKenzie*

Rudolph McKenzie
President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)