

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000077069

1. Entity Name

FIRST CLASS BODY SHOP, INC.

FILED

Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90030 012 ***150.00

Principal Place of Business

Mailing Address

5303 NW 7TH ST BAY L
MIAMI FL 33126

5303 NW 7TH ST BAY L
MIAMI FL 33126-3343

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0527266

Applied For

Not Applicable

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

GONZALEZ-RUBIERA, IZEL L
2621 WEST 69 TERRACE
HIALEAH FL 33016

Name

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

8737 NW 111 Terr

City

Hialeah Gardens FL

Zip Code

33018

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

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

(NOTE: Registered Agent signature required when reinstating)

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 VP
NAME IVETTE, RUBIERA G
STREET ADDRESS 2621 WEST 69 TERR
CITY-ST-ZIP HIALEAH FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8737 NW 111 Terr
CITY-ST-ZIP Hialeah Gardens, FL 33018

TITLE P
NAME GONZALEZ-RUBIERA, IZEL L
STREET ADDRESS 2621 WEST 69 TERR
CITY-ST-ZIP HIALEAH FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8737 NW 111 Terr
CITY-ST-ZIP Hialeah Gardens, FL 33018

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/00 305 828-7987

CR2E034 (9/99)