

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 19, 2003 8:00 am
Secretary of State

06-19-2003 90045 019 ***150.00

DOCUMENT # P960000 38575

1. Entity Name

CARLOS BODY SHOP, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

162 W 26 ST

3. Mailing Address

162 W 26 ST

Suite, Apt. #, etc.

7

Suite, Apt. #, etc.

7

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33010

Country

USA

Zip

33010

Country

USA

4. FEI Number

65-0689746

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

FERNANDEZ, FELIX C

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

2710 W 60 Place.

City

Hialeah Gardens FL

Zip Code

33016

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
DPS
FERNANDEZ, FELIX C
2710 W 60 PLACE
Hialeah Gardens, FL 33016

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Felix C Fernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-16-03

Date

305-887-4185

Daytime Phone #

CR2E034B (12/02)