

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000052418

1. Entity Name

AUTOMOTIVE APPEARANCE SPECIALIST, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90142 041 ***150.00

Principal Place of Business

957 MARYN DR.
JUPITER FL 33458
US

Mailing Address

957 MARLIN DR.
JUPITER FL 33458
US

MOVED

907260



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

595 KRISS LN

3. Mailing Address

595 KRISS LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JUPITER FL 33458

City & State

JUPITER FL

4. FEI Number

65-0702075

Applied For

Not Applicable

Zip

33458

Country

P.B.

Zip

33458

Country

P.B.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, MATILDA
16272 NW 24 ST
PEMBROKES PINE FL 33028

MOVED

7. Name and Address of New Registered Agent

Name

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

6883 SEGOVIA BLVD

City

FT LADERDALE

FL

Zip Code

33331

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, 2001 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

TITLE **D** *MOVED* ☐ Delete
NAME **HERNANDEZ, ABEL**
STREET ADDRESS **957 MARLIN DR. 595 KRISS LN**
CITY-ST-ZIP **JUPITER FL**

TITLE **D** *MOVED* ☐ Delete
NAME **HERNANDEZ, CHRISTINE**
STREET ADDRESS **957 MARLIN DR. 595 KRISS LN**
CITY-ST-ZIP **JUPITER FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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 #

CR2E034 (10/00)