

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90246 031 ***150.00

DOCUMENT # P96000061893

1. Entity Name
G & M AUTO PAINTING AND BODY SHOP, INC.



Principal Place of Business
728 NW 24 STREET
MIAMI FL 33127

Mailing Address
728 NW 24 STREET
MIAMI FL 33127

2. Principal Place of Business

728 NW 24 ST.

Suite, Apt. #, etc.

City & State

MIAMI - FLORIDA

Zip

33127

Country

3. Mailing Address

728 NW 24 ST.

Suite, Apt. #, etc.

City & State

MIAMI - FLORIDA

Zip

33127

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0681415

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BORG, MIGUEL A
728 NW 24 STREET
MIAMI FL 33127

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	PT	☐ Delete
NAME	BORG, MIGUEL A	
STREET ADDRESS	728 N.W. 24TH STREET	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	VP	☐ Delete
NAME	BORG, GABRIEL	
STREET ADDRESS	728 N.W. 24TH STREET	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	S	☐ Delete
NAME	BORG, ROSA A	
STREET ADDRESS	728 N.W. 24TH STREET	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)