FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90087 024 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000071C

1. Entity Name
DETAIL EXECELLENCE BODY SHOP, INC.

5700 NW 35 AVE
MIAMI, FL. 33142

2. Principal Place of Business | 3. Mailing Address
Suite, Apt #, etc. | Suite, Apt #, etc.
City & State | City & State
Zip | Country | Zip | Country

T.RS DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0749717 — Applied For / Not Applicable

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

APOLONIA BERMUDEZ
10562 NW 52 Terrace
Miami, Fl. 33178

7. Name and Address of Current Registered Agent
Name ELIZABETH BARQUERO
Street Address (P.O. Box Number is Not Acceptable) 5700 NW 35 AVE
City MIAMI FL Zip Code 33142

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 Elizabeth Barquero 03-06-02
Signature, typed or printed name of registered agent and title if applicable — DATE

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	Name / Street Address / City-St-Zip	Title	Name / Street Address / City-St-Zip
PTD	BERMUDEZ, APOLONIA 10562 NW 52 Terrace Miami, Fl. 33178	PTD	BARQUERO, JOSE N 5700 NW 35 Ave MIAMI, FL. 33142
VPSD	HERNANDEZ, HUMBERTO Q 935 E 31 St. Hialeah, Fl. 33013	VPSD	BARQUERO, ELIZABETH 5700 NW 35 Ave MIAMI, FL. 33142

CR2E024B (12/01)

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

SIGNATURE: [signature] 03-06-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR