2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91515 020 ***150.00

DOCUMENT # P97000030098

1. Entity Name
DOMINGO SEAT COVER INC

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10089930

2. Principal Place of Business	3. Mailing Address
9805 NW 80th AVE	9805 NW 80 th AVE
Suite, Apt. #, etc. UNIT 13 G	Suite, Apt. #, etc. UNIT 13 G
City & State HIALEAH GARDENS Fl	City & State HIALEAH GARDENS Fl
Zip 33016 Country MIAMI-DADE	Zip 33016 Country MIAMI-DADE

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4. FEI Number 65-0744954 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name DOMINGO PEREZ
Street Address (P.O. Box Number is Not Acceptable) 3144 NW 99 St.
City MIAMI FL Zip Code 33147

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	PD	TITLE	
NAME	DOMINGO PEREZ	NAME	
STREET ADDRESS	3144 NW 99 St	STREET ADDRESS	
CITY-ST-ZIP	MIAMI Fl 33147	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E031E (12/02)

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 Domingo Perez (PRESIDENT) 4-5-2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #