

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State
 03-01-2000 90047 050 ***150.00

DOCUMENT # P97000090707

1. Entity Name
COMPLETE RESTORATION, INC.

Principal Place of Business Mailing Address
214 WEDGEWOOD CIRCLE **214 WEDGEWOOD CIRCLE**
LAKE WORTH FL 33463 **LAKE WORTH FL 33463-3077**

2. Principal Place of Business 3. Mailing Address
4018 NE 5th Ave **4018 NE 5th Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Oakland Park, FL **Oakland Park FL**
 Zip Zip
33334 **33334**
 Country Country
Broward **Broward**

4. FEI Number Applied For
65-0799696 ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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.

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, 2000 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 | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|----------------------|---------------------------------|---|---------------------------------|-----------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | TAMECKI, DOMINIQUE | | NAME | | |
| STREET ADDRESS | 214 WEDGEWOOD CIRCLE | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE WORTH FL 33463 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | TAMECKI, RAFAL | | NAME | | |
| STREET ADDRESS | 214 WEDGEWOOD CIRCLE | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE WORTH FL 33463 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | TAMECKI, BOZENNA | | NAME | | |
| STREET ADDRESS | 214 WEDGEWOOD CIRCLE | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE WORTH FL 33463 | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | TAMECKI, MARK | | NAME | | |
| STREET ADDRESS | 214 WEDGEWOOD CIRCLE | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE WORTH FL 33463 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: **Stamecki President** 2-21-00 (954) 567-1101
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)