

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90182 043 \*\*\*150.00

**DOCUMENT # P97000090707**

1. Entity Name

**COMPLETE RESTORATION, INC.**

Principal Place of Business

**4018 NE 5TH AVE  
OAKLAND PARK FL 33334**

Mailing Address

**4018 NE 5TH AVE  
OAKLAND PARK FL 33334**

L0012300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1143 NE 7th AVE**

Suite, Apt. #, etc.

3. Mailing Address

**1143 NE 7th AVE**

Suite, Apt. #, etc.

City &amp; State

**Fort Lauderdale, FL**

City &amp; State

**Fort Lauderdale, FL**

4. FEI Number

**65-0799696**

Applied For

Not Applicable

Zip

**33304**

Country

Zip

**33304**

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME TAMECKI, DOMINIQUE  
STREET ADDRESS 214 WEDGEWOOD CIRCLE  
CITY-ST-ZIP LAKE WORTH FL 33463TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1871 NW 36th Street  
CITY-ST-ZIP Oakland Park, FL 33309TITLE VD ☐ Delete  
NAME TAMECKI, RAFAL  
STREET ADDRESS 214 WEDGEWOOD CIRCLE  
CITY-ST-ZIP LAKE WORTH FL 33463TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1871 NW 36th Street  
CITY-ST-ZIP Oakland Park, FL 33309TITLE SD ☐ Delete  
NAME TAMECKI, BOZENNA  
STREET ADDRESS 214 WEDGEWOOD CIRCLE  
CITY-ST-ZIP LAKE WORTH FL 33463TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1871 NW 36th Street  
CITY-ST-ZIP Oakland Park, FL 33309TITLE TD ☐ Delete  
NAME TAMECKI, MARK  
STREET ADDRESS 214 WEDGEWOOD CIRCLE  
CITY-ST-ZIP LAKE WORTH FL 33463TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1871 NW 36th Street  
CITY-ST-ZIP Oakland Park, FL 33309TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:

**Bozenna Tamecki**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-01

Date

800-411-7145

Daytime Phone #

CR2E034 (10/00)