

2000 UNIFORM BUSINESS REPORT (UBR)

0227816

DOCUMENT # P98000001304

1. Entity Name

BLUE EAGLE BODY & PAINT SHOP, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 MAY -1 PM 2:26

Principal Place of Business

Mailing Address

2300 CORAL WAY
SUITE #200
MIAMI FL 33145

2300 CORAL WAY
SUITE #200
MIAMI FL 33145-3511

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0804291

Applied For

Not Applicable

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

FLORIDA ANNUAL REPORT SERVICES, INC.
2300 CORAL WAY STE. 200
MIAMI FL 33145

Name

Street Address (P.O. Box Number is Not Acceptable)

8000003236398--0

05/03/00--01026--003

***150.00 ***150.00

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

AMADA CANTERA LOPEZ, PRES.

4/20/00

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	DP	<input checked="" type="checkbox"/> Delete
NAME	ACOSTA, CARLOS	
STREET ADDRESS	500 WEST 27TH STREET	
CITY-ST-ZIP	MIAMI FL 33010	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	MELENDEZ, MARCELO M	
STREET ADDRESS	18365 S.W. 139TH COURT	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	DTS	<input checked="" type="checkbox"/> Delete
NAME	ACOSTA, PEDRO SR.	
STREET ADDRESS	500 WEST 27TH STREET	
CITY-ST-ZIP	MIAMI FL 33010	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIOS, JESUS	
STREET ADDRESS	4120 SW 69 AVE	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, JAIME A	
STREET ADDRESS	1840 W 8 AVE	
CITY-ST-ZIP	HIALEAH, FL 33010	
TITLE	DTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, JAIME A	
STREET ADDRESS	1840 W 8 AVE	
CITY-ST-ZIP	HIALEAH, FL 33010	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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

JESUS RIOS, PRES.

Date

Daytime Phone #