

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90023 038 ***150.00

DOCUMENT # P98000001304

1. Entity Name

BLUE EAGLE BODY & PAINT SHOP, INC.

NC 4109/99 TR

Principal Place of Business

Mailing Address

1840 W. 8th AVE
 HIALEAH, FL 33010

769763

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0804291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name JAIME A. CRUZ

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

4120 SW 69 AVE.

City MIAMI

FL

Zip Code 33155

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)

FREE NOW!!! FEE IS \$150.00
After MAY 4, 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

TITLE	PRES.	☐ Delete
NAME	JESUS RIOS	
STREET ADDRESS	4120 SW 69 AVE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VICE PRES.	☐ Delete
NAME	JAIME A. CRUZ	
STREET ADDRESS	1840 W 8 th AVE	
CITY-ST-ZIP	HIALEAH, FL 33010	
TITLE	SECRETARY / TREASURER	☐ Delete
NAME	JAIME A. CRUZ	
STREET ADDRESS	1840 W. 8 th AVE	
CITY-ST-ZIP	HIALEAH, FL 33010	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01

Date

Daytime Phone #

CR2E034 (11/00)