2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State
02-12-2003 90084 019 ***178.75

DOCUMENT # P98000098295

1. Entity Name
ORDOCO BODY SHOP & PAINT, CORP.

Principal Place of Business	Mailing Address
15555 S.W 47TH TERR. MIAMI FL 33185	15555 S.W 47TH TERR. MIAMI FL 33185

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2120 NW 23 Ct	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State
Zip: 33142 Country: DADE	Zip Country

4. FEI Number 65-0878081 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ACOSTA, JULIO L
15555 SW 47TH TERR.
MIAMI FL 33185

7. Name and Address of New Registered Agent

Name: Eduardo Lopez
Street Address (P.O. Box Number is Not Acceptable): 10030 SW 50 Ter
City: ~~Miami~~ Miami FL Zip Code: 33142

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: Eduardo Lopez DATE: 3-1-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

157.75

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ACOSTA, JULIO 15555 SW 47TH TERR. MIAMI FL 33185	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Eduardo Lopez 2120 NW 23 Ct Miami FL 3342	☐ Delete	VP Carlos J Lopez 2120 NW 23 Ct Miami FL 3342	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 1-31-03 — 305 634-8374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #