

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90104 034 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000004535

1. Entity Name  
Premium Auto Detailers, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
407 NE 107 St.  
Suite, Apt. #, etc.

3. Mailing Address  
407 NE 107 St.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Miami, FL.  
Zip  
33161 Country  
USA

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Miami, FL.  
Zip  
33161 Country  
USA

4. FEI Number  
65-0887013  
Applied For  
☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Perez, Behar : Assoc. PA  
Street Address (P.O. Box Number is Not Acceptable)  
13935 NW 1st Ave  
City  
Miami FL Zip Code  
33168

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Edward Gonzalez  
407 NE 107 St.  
Miami Shores, FL 33161

TITLE  
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CITY-ST-ZIP

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**DO NOT WRITE IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward Gonzalez / Pm. 3/26/02 305-469-2953  
Date Daytime Phone #

CR2E034B (12/01)