

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

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90011 038 \*\*\*150.00

DOCUMENT #P99000014199

1. Entity Name

FREDDIE'S PAINT & BODY SHOP, INC.

54019413

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2222 SW 32 AVE

3. Mailing Address

2222 SW 32 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI, FL

4. FEI Number

65-0906877

Applied For

Not Applicable

Zip

33145

Country

U.S.A.

Zip

33145

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

HUGO FLORIDO

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

2100 W 76 ST STE 406

City

MIAMI

FL

Zip Code  
33145

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

**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

D  
ORTIZ, FREDDIE  
1620 SW 23rd ST  
MIAMI, FL 33145

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 on an attachment with an address with all other like empowered.

SIGNATURE:

FREDDIE ORTIZ

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

(305) 445 8181

CR2E034B (12/01)