FILED
Jun 11, 2002 8:00 am
Secretary of State
06-11-2002 90152 029 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 99000020784

117621

1. Entity Name
FABULOUS FINISHES - AUTO RESTORATIONS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1340 S. DIXIE Hwy.
Suite, Apt. #, etc.
City & State
HOLLYWOOD FL
Zip 33020 Country BROWARD

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0907820
☐ 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 GEORGE HADDAD
Street Address (P.O. Box Number is Not Acceptable) 9934 NW 9 CT
City PLANTATION FL Zip 33324

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 _____ DATE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

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	PRESIDENT
NAME	GEORGE HADDAD
STREET ADDRESS	9934 NW 9 CT.
CITY-ST-ZIP	PLANTATION FL 33324
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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: George Haddad President 4-29-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Director's Name