

AMENDED

FILED

03 JUN 30 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000026152

1. Entity Name
**3 G'S AUTO RESTORATION AND BODY REPAIRS
INC.**



100021197161
06/30/03--01076--001 **\$1.25

Principal Place of Business
204-B N.W. 2ND AVENUE SOUTH BAY
HALLANDALE BEACH, FL 33009

Mailing Address
204-B N.W. 2ND AVENUE SOUTH BAY
HALLANDALE BEACH, FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0916340

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOHAMMED, AZIM
204-B N.W. 2ND AVENUE SOUTH BAY
HALLANDALE BEACH, FL 33009

7. Name and Address of New Registered Agent

Name
Gwendolyn Jean-Louis
Street Address (P.O. Box Number is Not Acceptable)
208 N.W. 1st Avenue
Hallandale, FL 33009
City **FL** Zip Code

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

Gwendolyn Jean-Louis

6-17-03

Signature, typed or printed name of registered agent and date of signature

(NOTE: Registered Agent's signature required when registering)

DATE

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

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	D	☐ Delete
NAME	MOHAMMED, AZIM	
STREET ADDRESS	1580 N.E. 144TH ST.	
CITY-ST-ZIP	MIAMI, FL 33161	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President/Director	☐ Change ☒ Addition
NAME	Gwendolyn Jean-Louis	
STREET ADDRESS	208 N.W. 1st Avenue	
CITY-ST-ZIP	Hallandale, FL 33009	
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		

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 507, 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:

Gwendolyn Jean-Louis

6-16-03 954-457-7020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2k 7/2

CR2034 (10/02)