

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State
 03-18-2002 90066 028 ***150.00

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DOCUMENT # P99000030376

1. Entity Name
MIAMI DADE PAINT & BODY, INC.

Principal Place of Business
 8038 NW 103 ST #34
 HIALEAH GARDENS FL 33016

Mailing Address
 10218 N.W. 80TH AVE
 HIALEAH GARDENS FL 33016



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8038 NW 103RD ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hialeah Gardens, Fl. 33016

4. FEI Number

65-0906734

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WASSERMAN, ROBERT
 8038 NW 103 ST #34
 HIALEAH GARDENS FL 33016

Name

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

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 PSD
 WASSERMAN, ROBERT
 8038 NW 103 ST #34
 HIALEAH GARDENS FL 33016 ☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert L. Wasserman

Date

3/4/02

Daytime Phone #

(305) 828-9255

CR2E034 (9/01)