

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90060 008 ***158.75

DOCUMENT # P99000044559

1. Entity Name
HERIBERTO AUTO BODY SHOP, INC.

| | |
|--|---|
| Principal Place of Business 3262 NW 31ST STREET MIAMI FL 33142 | Mailing Address 3262 NW 31ST STREET MIAMI FL 33142-5714 |
|--|---|



DO NOT WRITE IN THIS SPACE

| | | | |
|--|--|---------|---------|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip | Country | Country |
|--|--|---------|---------|

| | |
|---|--|
| 4. FEI Number 65-0919961 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATUTE, ANA M
3262 NW 31ST STREET
MIAMI FL 33142

| |
|--|
| 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 _____ (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, 2000 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

| | |
|--|---------------------------------|
| TITLE DPT | <input type="checkbox"/> Delete |
| NAME MATUTE, ANA M | |
| STREET ADDRESS 3262 NW 31ST STREET | |
| CITY-ST-ZIP MIAMI FL 33142 | |
| TITLE DVS | <input type="checkbox"/> Delete |
| NAME MATUTE, KAREN S | |
| STREET ADDRESS 763 WEST 64TH DR. | |
| CITY-ST-ZIP HIALEAH FL 33012 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE DIRECTOR - VICE PRESIDENT | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME MATUTE, ANA M. | | |
| STREET ADDRESS 3262 NW 31st street | | |
| CITY-ST-ZIP MIAMI - FL. 33142 | | |
| TITLE DIRECTOR - V. Pres. - TREASURER | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME MATUTE, KAREN S. MATUTE | | |
| STREET ADDRESS 763 West 64th. DR. | | |
| CITY-ST-ZIP HIALEAH - FL. 33012 | | |
| TITLE DIRECTOR - PRESIDENT - SECRETARY | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME MATUTE, ELIBERTO | | |
| STREET ADDRESS 763 West 64th. DR. | | |
| CITY-ST-ZIP HIALEAH - FL. 33012 | | |
| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

CR2E034 (9/99)

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 or 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 an other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #