

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT-# P99000064256
 1. Entity Name
 LA FAMA PAINT/BODY RESTORATION, INC

FILED

02 SEP 16 AM 11:59

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 2169 NW 19th Avenue
 Miami, FL 33142

Mailing Address
 2169 NW 19th Avenue
 Miami, FL 33142

2. Principal Place of Business
 2169 NW 19th Avenue
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Miami, FL 33142

City & State

Zip
 33142

Country
 USA

Zip
 Country

4. FEI Number
 65-0935931

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Julio Gutierrez
 1395 NW 15th Street
 Miami, Florida 33125

7. Name and Address of New Registered Agent

Name
 Rene M. Gonzalez

Street Address (P.O. Box Number is Not Acceptable)
 2169 NW 19 Avenue

City
 Miami

FL Zip Code
 33142

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 *Rene M. Gonzalez*
 Signature, typed or printed name of registered agent if applicable. (NOTE: Registered Agent signature required when reinstating)

9-11-02
 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

NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
D Fidelina Amador	2169 NW 19th Avenue	Miami, Florida 33142	<input checked="" type="checkbox"/>
<input type="checkbox"/>			<input type="checkbox"/>
<input type="checkbox"/>			<input type="checkbox"/>
<input type="checkbox"/>			<input type="checkbox"/>
<input type="checkbox"/>			<input type="checkbox"/>
<input type="checkbox"/>			<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	CHANGE	ADDITION
P/S/T/D	Rene M. Gonzalez	2169 NW 19 Avenue	Miami, Florida 33142	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Rene M. Gonzalez*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-02 (35) 324-0909