


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 13 AM 8:00

DOCUMENT # **P99000064256**

1. Entity Name
LA FAMA PAINT/Body Restoration INC.



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address
369 NW 33rd Street
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33142 Country **USA**

Zip
33127 Country **USA**

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0935931

Applied For
Not Applicable **MRS**

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

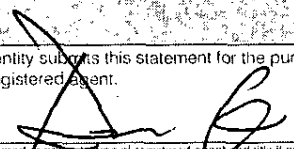
7. Name and Address of Current Registered Agent

Name
GONZALEZ, RENE

Street Address (P.O. Box Number is Not Acceptable)
369 NW 33RD ST

City
MIAMI FL Zip Code
33127

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  DATE **11/5/03**

(NOTE: Registered Agent signature required when reinstating)

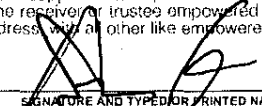
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.S. TD GONZALEZ, RENE 369 NW 33rd Street MIAMI FL 33127	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with an other like empowered.

SIGNATURE:  DATE **11/5/03** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

292

November 8, 2003

Department of State
Division of Corporations
Tallahassee, FL 32314

Subject: La Fama Paint/Body Restoration, Inc.
Doc #: P99000064256

To Whom It May Concern:

This letter is in regards to the corporation annual report for the 2003 filing year. According to your records, you never received an annual report for our corporation. We are sending a filled out blank annual report to your Department because we never received the original report. Please accept our apologies and accept this \$150.00 filing fee. We never meant to send the report late, if we would have received the report, we would have sent it on time. We apologize for any inconvenience this may have caused.

If you have any questions please feel free to contact me at (305) 541-3980.

Sincerely,


Rene Gonzalez
President