

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90303 028 \*\*\*150.00

**DOCUMENT # P99000072942**

1. Entity Name  
**E & D PAINT SHOP INC.**

Principal Place of Business 2793 N.W. 15 ST. MIAMI FL 33125	Mailing Address 2793 N.W. 15 ST. MIAMI FL 33125
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country	4. FEI Number <b>65-0943588</b>	Applied For Not Applicable
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6. Name and Address of Current Registered Agent

**GUTIERREZ, DEBORA**  
**2793 N.W. 15 ST.**  
**MIAMI FL 33125**

7. Name and Address of New Registered Agent

Name **Debora Gutierrez**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3220 NW 16 Terr**  
 City **MIAMI** FL Zip Code **33125**

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 **Debora Gutierrez** DATE **2/06/01**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	
T GUTIERREZ, EFRAIN 2793 N.W. 15 ST. MIAMI FL 33125	<input type="checkbox"/> Delete
SP GUTIERREZ, DEBORA 2793 N.W. 15 ST. MIAMI FL 33125	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 employment.

SIGNATURE: **EFRAIN GUTIERREZ** DATE **2/06/01** Daytime Phone # **(305) 633-7799**

Signature and typed or printed name of signing officer or director

CR2E034 (10/00)