

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90001 038 ***150.00

DOCUMENT #

1. Entity Name

ORIGINAL Auto DETAILING

REF P99000077707

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15259 OKEECHOBEE BLVD

3. Mailing Address

Suite, Apt. #, etc.

Same

DO NOT WRITE IN THIS SPACE

City & State

LOXAHATCHEE FL.

City & State

4. FEI Number

65-0949676

Applied For

Not Applicable

Zip

Country

Zip

Country

33470

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JESUS BRACERO

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

15259 OKEECHOBEE BLVD.

LOXAHATCHEE FL. 33470

City

LOXAHATCHEE

FL

Zip Code

33470

**DO NOT WRITE
IN THIS SPACE**

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.

X SIGNATURE Jesus Bracero 4/18/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/18/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 P- JESUS
NAME
STREET ADDRESS 15259 OKEECHOBEE BLVD.
CITY-ST-ZIP LOXAHATCHEE FL. 33470-4205

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: P- Jesus Bracero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02

Date

561-722-6801

Daytime Phone #