2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P99000078142 May 19, 2000 8:00 am **Secretary of State** R & M AUTO DETAILING INC. 05-19-2000 90065 041 ***150.00 Mailing Address Principal Place of Business 4142 NW 90TH AVE., #103 4142 NW 90TH AVE., #103 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065-1730 3. Mailing Address 2. Principal Place of Business るい てめ 3111 SW <u>1746</u> 174 72 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number Citv & State 65-0944714 Not Applicable F. LAuderdate T-LAUDE FORIE \$8.75 Additional 5. Certificate of Status Desired USA Fee Required USA 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) DONATUCCI, MIKE SW 1746 STREET 4142 NW 90TH AVE., #103 CORAL SPRINGS FL 33065 submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. riesident Change Addition ☐ Delete TITLE TITLE resident Rene Employed Jr. NAME NAME STREET ADDRESS STREET ADDRESS 3111 SW 17+6 55: CITY-ST-ZIP CITY-ST-ZIP FT. LANDLENDER FZ 3331 T. LAuderdale Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 empowered. apr, 74,00 V