

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

10f2

FILED


03 NOV -6 AM 10: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700024458597
11/06/03---01002---014 **150.00

DO NOT WRITE IN THIS SPACE

03

DOCUMENT # P99000080443 1. Entity Name History Repair & Maintenance, Inc	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 15766 SW 60th Terrace Suite, Apt. #, etc.	3. Mailing Address 13935 NW 1st Ave Suite, Apt. #, etc.
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City & State Miami, FL	City & State Miami, FL
Zip 33193	Country US
Zip 33168	Country US

4. FEI Number 650948881	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name Pedro Perez	
Street Address (P.O. Box Number is Not Acceptable) 15766 SW 60th Terrace	
City Miami	FL Zip Code 33193

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 Pedro Perez **103003**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instatement) **DATE**

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD - Pedro Perez - 15766 SW 60th Terrace - Miami, FL 33193	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT
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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, and all other like empowered.

SIGNATURE Pedro Perez **Pedro Perez/ President** **103003** **3056889694**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

2012

October 30th, 2003

State of Fl. Div of Corp
PO Box 6327
Tallahassee, FL. 32314

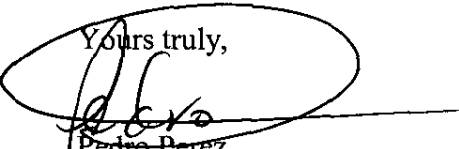
RE: History Repair & Maintenance, Inc
P99000080443

To Whom It May Concern:

I am sending this letter to inform you that on January 12th, 2003 I sent my renewal form along with the fee. My corporation now is showing dissolved when it should be active and current with your office. I have contacted my bank regarding the check that I previously sent you and it has not been cashed yet, therefore I have placed a stop payment and reissuing a new one. Also when I sent my report I did not keep a copy of it so I printed one from your system and I sending them along with this letter.

Please update your records to show my corporation status active. Thank you in advance for your cooperation.

Yours truly,



Pedro Perez
President