

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000105855**

1. Entity Name

**PERFECTION PAINT & CAR REPAIR INC.****FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90076 025 \*\*\*150.00

Principal Place of Business

Mailing Address

**10880 SW 188 ST.**  
**MIAMI FL 33157****10880 SW 188 ST.**  
**MIAMI FL 33157**

2. Principal Place of Business

**10764 SW 188 ST.**

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

**Miami FL.**

City &amp; State

4. FEI Number

**65-0968398**

Applied For

Not Applicable

Zip

**33157**

Country

**FL**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTINEZ, ADRIANA M**  
**10880 SW 188 ST.**  
**MIAMI FL 33157**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MARTINEZ, EDUARDO</b> <b>14831 SW 91 TERR.</b> <b>MIAMI FL 33196</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSTD</b> <b>MARTINEZ, ADRIANA M</b> <b>14831 SW 91 TERR.</b> <b>MIAMI FL 33196</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 empowered.

SIGNATURE: *Adriana Martinez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-2001

Date

305 971-7555

Daytime Phone #

CR2E034 (10/00)