

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90402 001 \*\*\*450.00

**DOCUMENT # S70239**

1. Entity Name

**INTERAMA PAINT & BODY SHOP INC.**

Principal Place of Business

**300 W. 22 ST  
HIALEAH FL 33010**

Mailing Address

**300 W. 22 ST  
HIALEAH FL 33010**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1098945**

Applied For

☒ Not Applicable

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

**MORA, JOSE S.  
300 W. 22 ST.  
HIALEAH FL**

Name: **RONALD W. RUDOLPH, ATTY.**  
Street Address: **9200 S. Dadeland Blvd., #308**  
**MIAMI, FL 33156**  
**(305) 670-6555**

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 of Ronald W. Rudolph)*  
RONALD W. RUDOLPH, ESQ

(NOTE: Registered Agent signature required when reinstating)

DATE

**02/05/01**

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	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>MORA, JOSE S.</b>
STREET ADDRESS	<b>300 W. 22 STREET</b>
CITY-ST-ZIP	<b>HIALEAH FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Ana Maria Mora</b>
STREET ADDRESS	<b>300 West 22nd St.</b>
CITY-ST-ZIP	<b>Hialeah, Fl. 33010</b>
TITLE	<b>VSD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Barbara M. Aleman</b>
STREET ADDRESS	<b>300 West 22nd St.</b>
CITY-ST-ZIP	<b>Hialeah, Fl. 33010</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE:

*(Signature of Ana Maria Mora)*  
**ANA MARIA MORA, PRESIDENT**

**2/5/01 (305) 275 8885**  
Date Daytime Phone #

CR2E034 (10/00)