

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90191 037 ***150.00

DOCUMENT # S73775

1. Entity Name
P. S. AUTO PAINTING, INC.

Principal Place of Business

3725 N.W. 79TH ST.
 MIAMI FL 33147

Mailing Address

3725 N.W. 79TH ST.
 MIAMI FL 33147

00129163



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0279285**

Applied For

Not Applicable

Zip

Country

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

SAVO, CATALDO
3725 NW 79TH STREET
MIAMI FL 33147

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/18/02
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **P** ☐ Delete
 NAME **SAVO, CATALDO**
 STREET ADDRESS **3725 N.W. 79TH ST.**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 persons empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/02
 DATE

Daytime Phone #

CR2E034 (4/02)

Attachment # S73775

METRO®

AUTO PAINTING & BODYWORKS

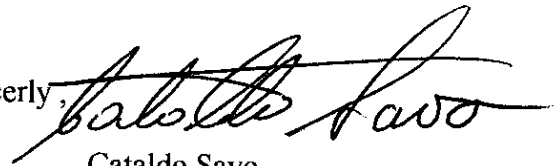
3725 N.W. 79th STREET
MIAMI, FLORIDA 33147
835-9997

To: Department of State

From: Metro Auto Collision (FEI# 65-0279285)

Nethier myself ,Cataldo Savo(*president*) nor any other employee or officer have recieved proir information on this filing of the Uniform Business Report document. We would appriciate your cooperation in waving this \$400.00 late fee. Enclosed is a check made out to the fee of \$150.00 dollars. If you have any questions please contact Gino Serru(*manager*) or myself Cataldo Savo at 305-835-9997. Thank you for your cooperation in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Cataldo Savo', written over a horizontal line.

Cataldo Savo