

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90402 001 ***150.00

DOCUMENT # V15131**1. Entity Name**
EXCLUSIVE CAR CARE, INC.**Principal Place of Business**8345 SW 2ND ST
MIAMI FL 33144
US**Mailing Address**8345 SW 2ND ST
MIAMI FL 33144
US**2. Principal Place of Business**

5050 N.W. 7th Street

3. Mailing Address

5050 N.W. 7th Street

Suite, Apt. #, etc.

Apt. #506

Suite, Apt. #, etc.

Apt. #506

City & State

Miami, Florida

City & State

Miami, Florida

DO NOT WRITE IN THIS SPACE

Zip
33126Country
USZip
33126Country
US**4. FEI Number**

65-0463389

Applied For

Not Applicable

5. Certificate of Status Desired☐ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**HERNANDEZ, JUAN R
8345 SW 2ND ST
MIAMI FL 33144**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)
5050 N.W. 7th Street Apt. #506City
Miami

FL

Zip Code
33126**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, 2002 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HERNANDEZ, JUAN R 8345 SE 2ND STREET MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HERNANDEZ, CARIDAD 8345 SW 2ND ST MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5050 N.W. 7th Street Apt. #506 Miami, Florida 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:**Juan R. Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/02 (305) 342-9330

Date

Daytime Phone #

CR2E034 (9/01)