

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 01, 2003 8:00 am
Secretary of State

0022106 AV

08-01-2003 90065 003 ***150.00

DOCUMENT # P93000039793

1. Entity Name
TIO & SOBRINO COLLISION WORKS, INC.



Principal Place of Business
**4715 E 10TH AVE
HIALEAH FL 33013**

Mailing Address
**4715 E 10TH AVE
HIALEAH FL 33013**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0416418**

Applied For
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTINEZ, RAMON
4715 E 10TH AVE
HIALEAH FL 33013**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARTINEZ, RAMON	
STREET ADDRESS	4715 EAST 10TH AVENUE	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TURINO, RAMON	
STREET ADDRESS	4715 EAST 10TH AVENUE	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TURINO, JOSE R	
STREET ADDRESS	4715 EAST 10TH AVENUE	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/03
Date

Daytime Phone #

CR2E034 (4/03)

Attachment

80135562

P93000039793

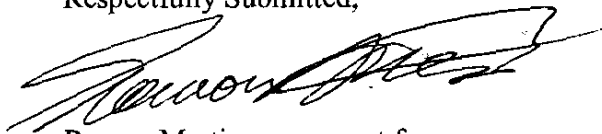
July 23, 2003

Dear Florida Secretary of State:

This letter is being written in response to your Second Notice for the filing of the UNIFORM BUSINESS REPORT (UBR 2003), we were totally dumfounded when we ~~received this notice with the fee of \$550.00~~

.This is the first notice that the corporation receives at its place of business. Please accept the original fee of \$150.00 to keep our corporation active, since thru no fault of our own ,we did not receive the original filing notice.

Respectfully Submitted,



Ramon Martinez, as agent for
Tio & Sobrino Collision Works