

2000-2002 **FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

\$450.00

FILED

02 FEB 27 PM 2:45

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000018806  
 1. Entity Name  
A-1 AUTO COLLISION, INC

**DO NOT WRITE IN THIS SPACE**

*Handwritten mark*

**2000-2002 UBR**

2. Principal Place of Business  
5061 NE 13 AVE  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
OAKLAND PARK, FL

City & State

Zip 33334 Country USA

Zip Country

4. FEI Number  
65-0833132

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
JOSEPH A. PEREIRA JR.

Street Address (P.O. Box Number is Not Acceptable)  
10300 SW 72 ST #470J

City MIAMI FL Zip Code 33173

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
**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	<u>PD MICHAEL CALABRESE 11605 NW 3RD DRIVE CORAL SPRINGS, FL 33071</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>300005096693--3 -03/12/02--01038--014 ****450.00 ****450.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>STD MICHAEL MINUTILLO 7840 NW 51 ST LAUDERHILL, FL 33351</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Calabrese* **MICHAEL CALABRESE** Date 954-351-5550  
Signature and typed or printed name of signing officer or director Daytime Phone #