

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90122 035 ***150.00

A0045716

DOCUMENT # P98000082466

1. Entity Name

PROBODY COLLISION CENTER, INC. ✓
 7735 NW 53rd ST
 MIAMI, FL 33166

Principal Place of Business

Mailing Address

7735 NW 53rd ST
 MIAMI, FL 33166

7735 NW 53rd ST
 MIAMI, FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0865769

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOHIGAS, ROLANDO
 6625 W 4th AVE # 208
 HIALEAH, FL 33012

Name

OLGA PONCE

Street Address (P.O. Box Number is Not Acceptable)

9941 SW 41 ST

City

MIAMI

FL

Zip Code

33165

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 re-registering)

DATE

[Handwritten Signature]
 (was rep'd) Rolando Bohigas
 4/02/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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	PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME	ROLANDO BOHIGAS	
STREET ADDRESS	6625 W 4th AVE # 208	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME	GABRIEL CASTRO	
STREET ADDRESS	16894 SW 90 TERR	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	SECRETARY	<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	PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OLGA PONCE		
STREET ADDRESS	9941 SW 41 ST		
CITY-ST-ZIP	MIAMI, FL 33165		
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVID PARSON		
STREET ADDRESS	1501 SW 86 Court		
CITY-ST-ZIP	MIAMI, FL 33144		
TITLE	SECRETARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	YENEYS PARSON		
STREET ADDRESS	1501 SW 86 CT		
CITY-ST-ZIP	MIAMI, FL 33144		
TITLE	TREASURER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROBERT PONCE		
STREET ADDRESS	9941 SW 41 ST		
CITY-ST-ZIP	MIAMI, FL 33165		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature] President Date 305 826 0030

CR2E034 (11/00)