



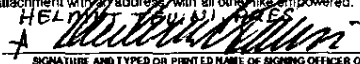
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FILED

03 JUN 20 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # F84490			
1. Entity Name M.S.D. AUTO BODY, INC.			
Principal Place of Business 2093 N E 160TH ST NORTH MIAMI BCH, FL 33162		Mailing Address 2093 N E 160TH ST NORTH MIAMI BCH, FL 33162	
2. Principal Place of Business 16058 NE 21ST AVE Suite, Apt. #, etc.		3. Mailing Address 16058 NE 21ST AVE Suite, Apt. #, etc.	
City & State North Miami Beach FL		City & State North Miami Beach FL	
Zip 33162		Country MIAMI-DADE	
4. FEI Number 59-2200894		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MENACHEM SHARONY 2093 NORTHEAST 160TH STREET NORTH MIAMI BEACH, FL 33160		7. Name and Address of New Registered Agent Name HELMUT TEVINI Street Address (P.O. Box Number is Not Acceptable) 16058 NE 21ST AVE City North Miami Beach FL Zip Code 33162	
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 HELMUT TEVINI, Pres +  DATE 6-18-03 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when registering)</small>			
FILE NOW!!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHARONY, MENACHEM 2093 N.E. 160TH STREET N. MIAMI BEACH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HELMUT TEVINI 16058 NE 21 AVE. NORTH MIAMI BEACH FL 33162 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHARONY, FREIDA 2093 N.E. 160TH STREET N. MIAMI BEACH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LYDIA TEVINI 10678 NE 40TH AVE NORTH MIAMI BEACH FL 33162 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 my address, with all other like empowered.			
SIGNATURE: HELMUT TEVINI 		DATE 6-18-03 305-945-3279 <small>Daytime Phone #</small>	



CHECK HERE IF MAKING CHANGES **03**

CR20034 (10/02)

200021048162

AB



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 140640 7116193

AUTHORIZATION : *Patricia Pizub*

COST LIMIT : \$ 550.00

ORDER DATE : June 20, 2003

ORDER TIME : 2:45 PM

ORDER NO. : 140640-005

CUSTOMER NO: 7116193

CUSTOMER: Steven H. Brotman, Esq
Steven H. Brotman, Attorney
Suite 151
13899 Biscayne Boulevard
North Miami Bea, FL 33181

ANNUAL REPORT FILING

NAME: M.S.D. AUTO BODY, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan-EXT#1155

EXAMINER'S INITIALS: _____