## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(5)

UNIVERSAL FRAME AND AUTO BODY, INC.

## **FILED** May 07 1998 8:00am Secretary of State



Principal Place of Business Mailing Address			1 1001011 0101 11001 1100 HIGH 10111 0101 EIEL		41411 41511 1841	
1816 NW 22ND ST POMPANO BEACH FL 33069		1816 NW 22ND ST POMPANO BEACH FL 33069				
Company Design 12 00000	POMINIO DENOTI FI	L 93009		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified		
- 5/				07/06/1984		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	<del></del>	Applied For
Suite, Apt. #, etc.	Suite Ant # etc	Suite, Apt. #, etc.		59-2426915	<del></del>	Not Applicable
22	<u> </u>	27		5. Certificate of Status Desired		Additional Required
City & State	City & State	\$- <del></del>		6. Election Campaign Financing	·	
23	28			Trust Fund Contribution		I to Fees
Zip Countr	y Zip	Zip Country		8. This corporation owes or has paid the	current year Ir	ntangible
24 25	29	<u>-1</u>		Personal Property Tax due June 30. Yes No		
	ess of Current Registered Agent			10. Name and Address of New Registers	d Agent	
STELLA, ROY		61	Name			
1816 NW 22ND ST		<b>82</b> Street Addre		dress (P.O. Box Number is Not Acceptable)		
POMPANO BEACH FL	. 33069	83				
		53				
		84	City		<b>85</b> Zip	Code
14 Pursuant to the provisions of Sect	tions 607 0502 and 607 1508 Florida State	utae the about	a-named cor	posstion submits this statement for the purpose	L	its societored
SIGNATURE A	1100	τ		poration submits this statement for the purpose tion's board of directors. I hereby accept the a pred when reinstaling)		····
<del></del>	FFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE PD	DELETE	1.1 TITLE			☐ Change	Addition
NAME STELLA, ROY		1.2 NAME				
STREET ADDRESS 1816 NW 22ND		1.3 STREET				
CITY-ST-ZIP POMPANO BEAL	DELETE	1.4 CITY - S	T-ZIP		Change	Addition
NAME	L Detert	2.1 TITLE			□ change	Addition
STREET ADDRESS		2.2 NAME 2.3 STREET	ADDDCCC			
CITY-ST-ZIP		2.4 CITY-5				
TITLE DELETE		3.1 TITLE	51-2IF		Change	Addition
NAME		3.2 NAME				
STREET ADDRESS		3 3 STREFT	ADDRESS			
CITY-ST-ZIP		3.4. CITY - S	ST-ZIP			
TITLE	DELETE	4.1 TITLE			Change	Addition
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET				
CITY - ST - ZIP	T or ere	4.4 CITY-S	T-ZIP		1100	F 1 4 4 4 14
TITLE	☐ DELETE	5.1 TITLE			Change	Addition
NAME PTREET ADDRESS		5.2 NAME	1000000			
STREET ADDRESS CITY-ST-ZIP		5.3 STREET				
TITLE	DELETE	5.4 City-S 6.1 Title	I - ZIP		Change	Addition
NAME	_ otto	6.2 NAME			— cuanta	- Manifoli
STREET ADDRESS		6.3 STREET	ADDRESS			
City-SI-ZIP		6.4 CITY-S				

14. 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 annual report or supplemental annual 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 trusted empowered of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with