

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

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

06-09-2003 90113 036 \*\*\*150.00

DOCUMENT # **P00000041421** ✓  
1. Entity Name  
**AJV Collision Specialist, Inc.** (L)



**DO NOT WRITE IN THIS SPACE**

**90139106**

2. Principal Place of Business  
**10490 SW 186 St**  
Suite, Apt. #, etc.

3. Mailing Address  
**10490 SW 186 St**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Miami FL**  
Zip  
**33157** Country

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**Miami FL**  
Zip  
**33157** Country

4. FEI Number  
**65-1077358**  
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 **Alberto Torres**  
Street Address (P.O. Box Number is Not Acceptable)  
**3520 N.W. 85 Ter**  
City **Miami** FL Zip Code **33147**

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 registering.) DATE \_\_\_\_\_

January 1 - May 1 Fee is **\$150.00**  
After May 1 Fee is **\$550.00**  
Amended UBR is **\$61.25**  
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PO - Alberto Torres</b> <b>3520 N.W. 85 Ter</b> <b>Miami, FL 33147</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 on an attachment with an address, with all other like empowers.

SIGNATURE: **[Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Day/Mo/Yr Phone # \_\_\_\_\_

CR2E034B (12/02)

Attachment  
A.J.V. COLLISION SPECIALIST INC.  
10490 S.W. 186<sup>TH</sup> STREET  
MIAMI, FL 33157 90139106

June 5, 2003

FLORIDA DEPARTMENT OF STATE  
P.O. BOX 1500  
Tallahassee, FL 32302-1500

Reference Number: AJV COLLISION SPECIALIST INC.  
000000778619


Please be advise that we never received the 2003 uniform business report.

On May 12, 2003., we were advise that in order not to pay penalties to mail the \$150.00 .

Enclosed herewith please find again the \$150.00., along with completed uniform business report for the year 2003.

Should you have any questions please call 305-233-3327, for any additional information.

Sincerely,

  
Alberto Torres  
at