

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-07-2002 90327 049 ***150.00

DOCUMENT # P01000020628			
1. Entity Name COUNTYWIDE COLLISION CORP.			
Principal Place of Business 6426 CORAL WAY MIAMI FL 33155-1948 300 West 22 St Hialeah, FL 33010.		Mailing Address 6431 CORAL WAY MIAMI FL 33155-1948	
2. Principal Place of Business 300 West 22 Street		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hialeah		City & State	
Zip 33010	Country FL	Zip	Country
4. FEI Number 65-1096022		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUERRA, MARCOS A 3883 SW 8TH STREET STE 210 MIAMI FL 33135		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 file is 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)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$300.00 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 NAME STREET ADDRESS CITY-ST-ZIP	OS JIMENEZ, JUSTINE 4840 SW 98TH AVE MIAMI FL 33185 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GARCIA, ALEJANDRO 4840 SW 98TH AVE MIAMI FL 33185 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 007, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all my like empowered.			
SIGNATURE: Justine Jimenez REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2004 (9/01)