

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90173 017 ***150.00

DOCUMENT # P01000045202

1. Entity Name
CREST COLLISION CENTER, INC.

Principal Place of Business 12450 NE 13TH PLACE NORTH MIAMI FL 33161	Mailing Address 12450 NE 13TH PLACE NORTH MIAMI FL 33161
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-1103357

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SASSO, PAUL R ESQ
28 WEST FLAGLER STREET SUITE 505
MIAMI FL 33130

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	D MORELLO, ANTHONY S 12450 NE 13TH PLACE NORTH MIAMI FL 33161	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
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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

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: Anthony S Morello Anthony Morello 7/23/02

CFR2E034 (4/02)

KRUGER & COMPANY, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

Attachment

675384

0010000 45000

Members:
American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants

2700 West Cypress Creek Road, Suite D135
Fort Lauderdale, Florida 33309

(954) 772-4000
FAX (954) 771-9657

July 23, 2002

Florida Division Of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302

Gentlemen:
Re: Crest Collision Center, Inc.

Enclosed is a 2002 Uniform Business Report (UBR) for the above captioned entity and their check in the amount of \$150.00.

Please be advised that the original UBR was not received by the company. Upon receipt of the "60 Day Notice" the corporation immediately prepared and filed the UBR.

Based on the foregoing, it is respectfully requested that you accept the enclosed UBR and the check in the amount of \$150.00, as full payment of the filing fee for 2002.

Very truly yours,

KRUGER & COMPANY, P.A.

Allan I. Kruger
Allan I. Kruger
Certified Public Accountant