FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91165 039 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

667615

DOCUMENT # P01000061596

1. Entity Name
EURO MAX Auto Body. Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4774 N.W. 2nd. Avenue.	4774. N.W. 2nd. Avenue.
Suite, Apt. #, etc.: A-4.	Suite, Apt. #, etc.: A-4.
City & State: Boca Raton FL.	City & State: Boca Raton. FL.
Zip: 33432 Country: United State	Zip: 33432. Country: United States

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1114665 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Franca Sagnotti

Street Address (P.O. Box Number is Not Acceptable): 10610 Berley Blvd.

City: Boca Raton FL Zip Code: 33428.

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: Franca Sagnotti FRANCA SAGNOTTI 05/01/2002.
Signature (if changing name of registered agent and title if applicable) (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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Franca Sagnotti / President 10610 Berley Blvd. Boca Raton FL. 33428.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Stefano Sagnotti / Vice President 10610 Berley Blvd. Boca Raton. FL. 33428
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Luciano Sagnotti 10610 Berley Blvd. Boca Raton. FL. 33428.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAVID Ramesar / Director 10610 Berley Blvd. Boca Raton. FL. 33428.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Franca Sagnotti Franca Sagnotti 05/01/2002 561-994 0080.
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (OFFICER OR DIRECTOR) Date Daytime Phone #