

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

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90056 020 \*\*\*150.00

**DOCUMENT #** P01000063139

1. Entity Name

HOMESTEAD COLLISION CENTER INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

395 N. FLAGLER AVE.

Suite, Apt. #, etc.

3. Mailing Address

395 N. FLAGLER AVE.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOMESTEAD, FLORIDA

Zip 33030

Country USA

City & State

HOMESTEAD FLORIDA

Zip 33030

Country USA

4. FEI Number

31-1781715

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

RAOUL QUIJANO

Street Address (P.O. Box Number is Not Acceptable)

395 N FLAGLER AVENUE

City

HOMESTEAD

FL

Zip Code

33030

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	RAOUL QUIJANO 395 N. FLAGLER AVENUE P HOMESTEAD FL 33030
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ADELSIRA QUIJANO 395 N. FLAGLER AVENUE V HOMESTEAD FL 33030
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**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAOUL QUIJANO Pres.

4/23/02

Date

305 246-2499

Daytime Phone #

CR2E034B (12/01)