

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

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

05-29-2002 93595 011 ***150.00

DOCUMENT # **PO1000071899**
1. Entity Name
MIAMI SOL COLLISION CENTER INC. ✓

DO NOT WRITE IN THIS SPACE

673540

2. Principal Place of Business 3806 NW 23CT	3. Mailing Address 3806 NW 23CT
Suite, Apt. #, etc. HOUSE	Suite, Apt. #, etc. HOUSE
City & State MIAMI FLA	City & State MIAMI FLA
Zip 33142	Country DADG
Zip 33142	Country DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number 61-1405517	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MILAGROS J. ARMAEZ
Street Address (P.O. Box Number is Not Acceptable)
3806 NW 23CT
City **MIAMI** FL Zip Code **33142**

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARLENE ARMAEZ 2420 NW 23CT MIAMI FL 33142	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT MARTHA L RODRIGUEZ 3802 NW 23CT MIAMI FL 33142	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MILAGROS J. ARMAEZ 2420 NW 23CT MIAMI FL 33142	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **MILAGROS J. ARMAEZ / TREASURER** 5/10/02 (305) 772-3550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #