

# 2000 UNIFORM BUSINESS REPORT (UBR)

ATX1

**DOCUMENT #** 901 0000 99378

**1. Entity Name**  
Impact Auto Repair Co.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR 21 PM 1:32

**Principal Place of Business**  
12050 NE 14 Avenue  
Building 6  
North Miami, FL  
33161

**Mailing Address**

**2. Principal Place of Business**  
same

**3. Mailing Address**  
same

Suite, Apt. #, etc.  
same

**City & State**  
same

**City & State**  
same

**Zip**  
same

**Country**  
USA

**Zip**  
same

**Country**  
USA

**4. FEI Number**  
65-0986920

**Applied For**  
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
John Incorvia, Esq.  
655 NW 128 Street  
Miami, FL 33168

**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** \_\_\_\_\_  
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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	PD	<input type="checkbox"/> Delete
<b>NAME</b>	Barron Libasci	
<b>STREET ADDRESS</b>	2107 NE 123 Street	
<b>CITY - ST - ZIP</b>	Miami, FL 33181	
<b>TITLE</b>	VP	<input type="checkbox"/> Delete
<b>NAME</b>	David Insignares	
<b>STREET ADDRESS</b>	2107 NE 123 Street	
<b>CITY - ST - ZIP</b>	Miami, FL 33181	
<b>TITLE</b>	ST	<input type="checkbox"/> Delete
<b>NAME</b>	Ruben Garcia	
<b>STREET ADDRESS</b>	2107 NE 123 Street	
<b>CITY - ST - ZIP</b>	Miami, FL 33181	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	600005193606	
<b>STREET ADDRESS</b>	-04/05/02--01006--01006	
<b>CITY - ST - ZIP</b>	****150.00 ****150.00	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		

**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:** \_\_\_\_\_ **President** **3/14/2002** **(305) 892-5400**

CRS 100-4