FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2007 8:00 am
Secretary of State
06-06-2007 90002 015 ***150.00

DOCUMENT # P01000109066

1. Entity Name

TRIPLE 'A' AUTO BODY SHOP, INC

DO NOT WRITE IN THIS SPACE

40119933

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
800 NW 8th Ave Bay#2	17603 Murcott Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Ft. Lauderdale, FL.	Lotahatchee,
City & State	City & State
	FL.
Zip / Country	Zip / Country
33311	33470

4. FEI Number 01-0591138 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SEWDAT RAMJEET, SATWATIE RAMJEET

Street Address (P.O. Box Number is Not Acceptable): 17603 Murcott Blvd.

Lotahatchee

City: FL Zip Code: 33470

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEWDAT RAMJEET DPT 17603 Murcott Blvd. Lotahatchee, FL. 33470	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS SATWATIE RAMJEET 17603 Murcott Blvd. Lotahatchee, FL 33470	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Satwatie Ramjeet SATWATIE RAMJEET 04.20.07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #