

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90071 048 ***150.00

DOCUMENT # P01000109066

1. Entity Name
TRIPLE A AUTO BODY SHOP, INC.



Principal Place of Business
6593 NW 3RD STREET
MARGATE FL 33063-7202

Mailing Address
6593 NW 3RD STREET
MARGATE FL 33063-7202

90016253

888 NW 7th Terrace

2. Principal Place of Business
Ft. Lauderdale
Suite, Apt. #, etc.

3. Mailing Address
541 South State Rd. 7
Suite, Apt. #, etc.
Ste 4)

City & State
Ft. Lauderdale FL.
Zip
33311
Country

City & State
Margate Florida
Zip
33065
Country
Broward

CHECK HERE IF MAKING CHANGES

4. FEI Number
01-0591138

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SEWDATN, RAMJEET
3505 NW 3 COURT
POMPANO BEACH FL 33063
SEWDAT RAMJEET
6593 NW 3rd St.
Margate, FL. 33063

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 | DPT SEWDAT, RAMJEET 6593 NW 3RD STREET MARGATE FL 33063-7202 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS SEWDAT, SATWATIE 6593 NW 3RD STREET MARGATE FL 33063-7202 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEWDAT RAMJEET 6593 NW 3rd St. MARGATE FL. 33063. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS SATWATIE RAMJEET 6593 NW 3rd St. MARGATE, FL. 33063 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SATWATIE, RAMJEET
President

Vice President

Date

Daytime Phone #

CR2E034 (10/02)