

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

001054 AT

DOCUMENT # **P01000122056**

04-02-2002 90980 007 ***158.75

1. Entity Name
COLLISION CONCEPTS, INC.

Principal Place of Business Mailing Address
1875 SW 4 AVE. BAY CA **1875 SW 4 AVE. BAY CA**
DELRAY BCH FL 33444 **DELRAY BCH FL 33444**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1875 SW 4 Ave. BAY CA FL 33444 **1875 SW 4th Ave DelRay Beach FL 33444**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
CI **CI**

City & State City & State
DeLray Beach FL. **DeLray Beach FL**
 Zip Country Zip Country
33444 **Palm Beach** **33444** **Palm Beach**

4. FEI Number Applied For
80-0024633 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
QUINTELA, EDUARDO
1875 SW 4 AVE, BAY CA
DELRAY BCH FL 33444

7. Name and Address of New Registered Agent
 Name **Eduardo Quintela**
 Street Address (P.O. Box Number is Not Acceptable)
1875 SW 4th Ave CI
 City **DeLray Beach** **FL** Zip Code **33444**

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 *Eduardo Quintela* **Eduardo Quintela V.P.** **3/22/02**
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. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
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	<input type="checkbox"/> Delete
NAME	DPVS
STREET ADDRESS	QUINTELA, EDWARD
CITY-ST-ZIP	1875 SW 4 AVE, BAY CA
	DELRAY BCH FL 33444
TITLE	<input type="checkbox"/> Delete
NAME	T
STREET ADDRESS	QUINTELA, EDWARD
CITY-ST-ZIP	1875 SW 4 AVE, BAY CA
	DELRAY BCH FL 33444
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P
STREET ADDRESS	Quintela, Edward
CITY-ST-ZIP	1875 SW 4th Ave CI
	DeLray Beach, FL 33444
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V/T/S
STREET ADDRESS	Quintela, Eduardo
CITY-ST-ZIP	1875 SW 4th Ave CI
	DeLray Beach, FL 33444
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Eduardo Quintela* **Eduardo Quintela** **3/22/02** **561-265-2333**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/01)