

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90168 010 ***150.00

DOCUMENT # P94000022733

1. Entity Name

SABU COLLISION & AUTO REPAIRS CORPORATION

Principal Place of Business

Mailing Address

5131 E. 10TH AVE.
HIALEAH FL 33013

5131 E. 10TH AVE.
HIALEAH FL 33013-1729

2. Principal Place of Business

3. Mailing Address

2773 W 69 TER

2773 W 69 TER.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HIALEAH, FL

HIALEAH FL

Zip

Country

Zip

Country

33016 USA

33016

USA
Miami-Dade

4. FEI Number

65-0480456

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ JOSE R
5131 E. 10TH AVE.
HIALEAH FL 33013

Name AMARILYS R. MARTINEZ

Street Address (P.O. Box Number is Not Acceptable)

~~5131 E. 10TH AVE.~~ 2773 W 69 TER.

City HIALEAH FL Zip Code 33016

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 *Amarilis R. Martinez* AMARILYS R. MARTINEZ 3/1/00
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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D Delete
NAME MARTINEZ JOSE R
STREET ADDRESS 5131 E. 10TH AVE.
CITY-ST-ZIP HIALEAH FL 33013

TITLE D/P. Change Addition
NAME AMARILYS R. MARTINEZ
STREET ADDRESS 2773 W 69 TER.
CITY-ST-ZIP HIALEAH, FL 33016

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: *Amarilis R. Martinez* AMARILYS R. MARTINEZ 3/1/00 823-1129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)