FILED Apr 16, 2003 8:00 am

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000023652 1. Entity Name TONY'S AUTO BODY & MOTORCYCLE REPAIR INC.								Secretary of State 04-16-2003 90282 034 ***150.00			
Principal Place 12450 S.W. 12 #11	ce of Busines: 28TH ST.	8		Mailing Address 12450 S.W. 128TH ST. #11							
MIAMI FL 331	86		MAM	MIAMI FL 33186							
2. Principal F	Place of Busir	iess	3. Ma	3. Mailing Address							
Suite, Apt	#, etc.		Sui	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Sta	te		City	City & State			4.	FEI Number 65-0569749			pplied For ot Applicable
Zip	Zip Country			Zip Country			5.	Certificate of Status Desired		\$8.75 Add Fee Require	ditional ed
	6. Name	and Address of C	urrent Register	ed Agent		T	7.	Name and Address of New Re	gistered A	gent	
						Name					
MENDEZ, ENRIQUE 12450 S.W. 128 ST.					Street Addres	et Address (P.O. Box Number is Not Acceptable)					
	1. 120 51.								··-·		
BAY 11 Miami Fl	33186				٠	City				Zip Code	
	00100	::				City			FL	Zip Coo	е
	e named entity tions of regist		ment for the purp	oose of changing its	s register	ed office or regis	stered as	gent, or both, in the State of Flori	da. I am fa	amiliar with,	and accept
SIGNATURE	Signature typod	or printed name of registe	red agent and title if any	Manhle (NO)	E: Pegistoro	d Agent signature requ	ired when	rainstation	DATE		
	Signature, typeu	or printed her ar or registe	and affect suc time is app	I (NO	- neglatere	o Agent signature requ	III dia wiloni				<u> </u>
, F	ILE-NOW!!	! FEE IS \$150.	00					9. Election Campaign Fina	ncina	\$5.0	00 May Be
		3 Fee will be \$5 Florida Departn						Trust Fund Contribution.			d to Fees
10.		OFFICER	S AND DIRECTO	irs	11.	-	A	DDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11
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 I hereby of indicated of the corporated, changed, 	certify that the lon this repor poration or th , or on an atta	information suppli t or supplemental r e receiver or truste chment with an ad	ed with/this fill a eport is true and e empowered to dress, with all oth	does not qualify fo accurate and that re execute this report or like empowered	r the exe my signat as requir	mption stated in ture shall have th red by Chapter 6	Section le same 807, Flori	119.07(3)(i), Florida Statutes. I fr legal effect as if made under oa ida Statutes; and that my name a	urther certi th; that I ar appears in	fy that the in n an officer Block 10 or	or director Block 11 if

SIGNATURE:

Signan SIGNATURE AND TYPED OR

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information occurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ascute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if ar like ampowered.