2000 UNIFORM BUSINESS REPORT (UBR)

May 03, 2000 8:00 am Secretary of State DOCUMENT # P95000026879 C & C AUTO COLLISION, INC. 05-03-2000 90034 021 ***150.00 Mailing Address Principal Place of Business 5749 RODMAN STREET 5749 RODMAN STREET HOLLYWOOD FL 33023-1937 HOLLYWOOD FL 33023 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0422761 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORCUERA, CARMEN M Street Address (P.O. Box Number is Not Acceptable) 290 N.W 190 ST. **MIAMI FL 33169** Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition Delete TITL F TITLE CORCUERA, CARMEN M NAME NAME STREET ADDRESS STREET ADDRESS 290 N.W. 190 ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33169** ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information or supplemental report is the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director are ceiver or trustee employered to execute this lebort as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if I hereby certify that indicated on this rep of the corporation o changed, or on an a other like empo SIGNATURE: Daytime Phone