

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90069 012 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P95000058899**
 1. Entity Name
G & J Body Shop, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7511 NW 73 Ave Suite, Apt. #, etc. # 124 City & State MIAMI, FL Zip 33166 Country USA		3. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country	
---	--	--	--

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0602173	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **RODRIGUEZ, GILBERTO**
 Street Address (P.O. Box Number is Not Acceptable)
7511 NW 73 Ave # 124
 City **MIAMI** FL Zip Code **33166**

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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	--

11. OFFICERS AND DIRECTORS			
TITLE VP	NAME GILBERTO RODRIGUEZ	TITLE	NAME
STREET ADDRESS 7511 NW 73 Ave # 124	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP MIAMI - FL - 33166	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE PS	NAME MARIA C. HOFFMAN	TITLE	NAME
STREET ADDRESS 7511 NW 73 Ave # 124	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP MIAMI - FL - 33166	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP

**DO NOT WRITE
 IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Gilberto Rodriguez** Date: **4-29-02** Daytime Phone #: **305 687-8803**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)