

2004

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

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90391 021 ***150.00

DOCUMENT # **P95000058899**

1. Entity Name
G & J Body Shop Inc

44041080

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13001 N.W 32nd Ave
Suite, Apt. #, etc. **#16**

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
OPALOCKA, FL

City & State

4. FEI Number **65-0602173**

Applied For
Not Applicable

Zip **33004**

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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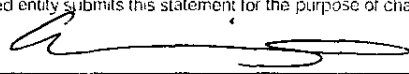
7. Name and Address of Current Registered Agent

Name **Gilberto Rodriguez**

Street Address (P.O. Box Number is Not Acceptable)
13001 N.W. 32nd Ave #16

City **OPALOCKA** FL Zip Code **33004**

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 

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)

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. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME
POB Gilberto Rodriguez
STREET ADDRESS
13001 N.W. 32nd Ave #16
CITY- ST- ZIP
Opalocka FL 33004

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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

System/Phone #

CR2E034B (12/01)