

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000089134

1. Entity Name  
*Accurate, Auto Body Shop, INC*

FILED  
00 MAY 31 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
*2708 SW 8th St  
Miami, FL 33135*

Mailing Address  
*2708 SW 8th St.  
Miami, FL 33135*

2. Principal Place of Business  
*Same*

3. Mailing Address  
*Same*

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number  
*65-0664057*

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
*MARIO DIAZ  
2708 SW 8th St  
MIAMI, FL 33135*

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 *Linda Diaz VP* *Linda Diaz VP* *5/24/00* *per call 5/31/00*

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

TITLE <i>VP</i>	<i>MARIO DIAZ</i>	<input type="checkbox"/> Delete
NAME	<i>2708 SW 8th St.</i>	
STREET ADDRESS	<i>Miami FL 33135</i>	
CITY-ST-ZIP		
TITLE <i>VP</i>	<i>Linda Diaz</i>	<input type="checkbox"/> Delete
NAME	<i>2708 SW 8th St</i>	
STREET ADDRESS	<i>Miami FL 33135</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>200003291442--4</i>
CITY-ST-ZIP	<i>-06/15/00--01072--006</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>****158.75 ****158.75</i>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Linda Diaz VP*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *5-24/00* Daytime Phone # *305-643-0585*

CR2E034 (9/99)