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## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jun 20, 2001 8:00 am DOCUMENT # P96000061615 Secretary of State 1. Entity Name 06-20-2001 90014 029 \*\*\*550 00 MIAMI AUTO COLLISION, INC. Principal Place of Business Mailing Address 7040 S.W. 44TH STREET 7040 S.W. 44TH STREET C0071821 MIAMI FL 33155 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0681954 Not Applicable Zip Country Zip 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 RAMOS, LUCILO JR. Street Address (P.O. Box Number is Not Acceptable) 1501 VENERA AVENUE SUITE 230 **CORAL GABLES FL 33146-3032** 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition CR2E034 (10/00) TITLE ☐ Delete TITLE Change COLLAZO, JOAQUIN NAME NAME STREET ADDRESS 14216 S.W. 44TH STREET STREET ADDRESS 8345 SW. 5857 CITY-ST-ZIP CITY-ST-ZIP 41AHI FL 33143 MH4MT FL 33175 VPD Addition 21 etrange TITLE ☐ Delete TITI F COLLAZO, EDITH NAME NAME 14216 S.W. 44TH STREET ADDRESS STREET ADDRESS 8345 S.W. 5854 CITY-ST-ZIP **MIAMI FL 33175** CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-7IP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 76 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 a proposered.

SIGNATURE:

changed, or on an attachment with an address, with