

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91335 019 ***150.00

FOR PROFIT CORPORATION
~~2002 UNIFORM BUSINESS REPORT (UBR)~~

DOCUMENT # P96000064196
 1. Entity Name
 National Auto Body Works, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1500 N.W. 21st St. Suite, Apt. #, etc.	3. Mailing Address 1500 N.W. 21st St. Suite, Apt. #, etc.
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City & State Miami, FL Zip 33142 Country	City & State Miami, FL Zip 33142 Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0685723	Applied For 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 Garcia, Manuel R.		
Street Address (P.O. Box Number is Not Acceptable) 5920 S.W. 153rd Ct.		
City Miami	FL	Zip Code 33193

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) <input checked="" 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
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P Garcia, Manuel R. 5920 S.W. 153rd Ct. Miami, FL 33193	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S/T Martiato, Luis 1104 Pinehurst St. No. Lauderdale, FL 33068	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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: *Manuel Garcia* Manuel R. Garcia 305-325-0459
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)