## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DO NOT WRITE IN THIS SPACE  Through Fluch of Business 15.00 N. W. 21th St. 15.00 N. W. 21th St. Suite, And 4, etc.  Through Fluch of Business 15.00 N. W. 21th St. 15.00 N. W. 21th St. Do Not Write In This Space  Suite, And 4, etc.  Cry 4 Suite Miami, FL Miami, FL Country 33142-7406 USA  DO NOT WRITE IN THIS SPACE  Through Address of Current Registered Agent Miami, FL Country 33142-7406 USA  DO NOT WRITE IN THIS SPACE  Are the address of Current Registered Agent Miami, FL Country 33142-7406 USA  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. I am familiar we are decept the Obligations of registered agent, or both, in the State of Florida. I am familiar we are decept the Obligations of registered agent, or both, in the State of Florida. I am familiar we are decept the Obligations of registered agent and life if applicable.  SIGNATURE  Signature They Treas is \$18000  Action and the state of Florida Department of State  The Address of Current Registered Agent State  Accept the Obligations of registered agent and life if applicable.  PART The State of Florida I am familiar we are decept the Obligation of registered agent and life if applicable.  PART The State of Florida I am familiar we are decept the Obligation of registered agent and life if applicable.  The Mark The State of Florida I am familiar we are decepted agent and life if applicable.  PART The State of Florida I am familiar we are decepted agent and life if applicable.  The Mark The State of Florida I am familiar we are decepted agent and life if applicable.  PART The State of Florida I am familiar we are decepted agent and life if applicable.  PART The State of Florida I am familiar we are decepted agent and life if applicable.  PART The State of Florida I am familiar we are decepted agent and life if applicable.  PART The State of Florida I am familiar we are decepted agent and life if applicable.  PART The State of Florida I am familiar we are decep	DOCUMENT # P96000	064196		F	ILED
2. Principal Place of Business   3. Mailring Address   15.00 N.W. 21th St.   15.00 N.W.	1. Entity Name National Auto Body Works, Inc.			09 HAY 29 PH 4: 37	
2. Principal Place of Business 1.000 N.W. 21th St. 1500 N.W. 25th St.	DO NOT WE	TE IN THIS SPACE			ARY OF STATE
Solic Apt #, fic.   Suite Apt #, etc.   DO NOT WRITE IN THIS SPACE	DO NOT WA	III E IN THIS SPACI	<b>5</b> . ,		SSEC PLUMBA
Solid N. W. 21th St.   Suite, Apt #, etc.   Suite, Apt #, etc.   DO NOT WRITE IN THIS SPACE			•	70015657	3347
Suite, Apt #, etc.  City & State  City & Sta	•		21+b C+ :	05/29/09010030	10 **150.00
Mis ami, FL			ZICH SC.	DO NOT WRITE IN	THIS SPACE
Country   33142-7406   USA   3342-7406   USA   5. Certificate of Status Desired   \$8.75 Andromos   \$9.75 A				- I	Applied For Not Applicable
DO NOT WRITE IN THIS SPACE    The Address of Current Registered Agent	Zip Country	Zip	,		\$8.75 Additional
Sirget Address (P.O. Box Number is Not Acceptable)			USA		<del></del>
Size Address (P.O. Box Number is Not Acceptable)    Size Address (P.O. Box Number is Not Acceptable)	DO NOT WRITE II	N THIS SPACE			stered Agent
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar w and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  DATE  January 1 - May 1 Fee is \$50.00  After May 1, Fee is \$50.00 a Amended UBR is \$61.28  Make Chack Payable to Florida Department of State  10. OFFICIERS AND DIRECTORS  TITLE  NAME  GAZCIA, Manuel R.  STREET ADDRESS  GTY- \$1.2P  DAYS T  NOTTH Lauderdale, FL 33068  GTY- \$1.2P  TITLE  NAME  STREET ADDRESS  GTY- \$1.2P  TITLE  NAME  STREET ADDRE			Street Addr	ess (P.O. Box Number is Not Acceptable)	
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. I am familiar w and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and bitle if applicable.  Name of the May 1, Fee is \$500.00  After May 1, Fee is \$500.00  Anended UBR is \$61.28  Make Chack Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADORESS  CITY - \$1.2P  D / S / T  NAME  STREET ADORESS  104 Pine hurst St.  North Lauderdale, FL 33068  CITY - \$1.2P  TITLE  NAME  STREET ADORESS  CITY - \$1.2P  TITLE  NAME  S					I a .
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar w and accept the obligations of registered agent.  SIGNATURE  Signature: Signature, typed or printed name of registered agent and tritle if applicable.  After May 1, Fee is \$150.00  After May 1, Fee is \$150.00  After May 1, Fee is \$50.00  Anendad URB is \$61.25  Make Check Rayable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  D/P  Garcia, Manuel R.  STREET ADDRESS  CITY - \$1.2P  Davie, FL 33331  CITY - \$1.2P  TITLE  D/S/T  NAME  MARCIAN MARCIAN STREET ADDRESS  CITY - \$1.2P  TITLE  NAME  STREET ADDR					FL   33331
After May 1, Fee Is \$56.00 Amended UBR is \$61.25  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11TILE 10. OFFICERS AND DIRECTORS  11TILE 10. OFFICERS AND DIRECTORS  11TILE	SIGNATURE Signature, typed or printed name of	of registered agent and title if applica	able. (NOTE: Registere	d Agent signature required when reinstating)	DATE
TITLE D/P  NAME Garcia, Manuel R.  STREET ADDRESS 15113 S.W. 33rd St.  CITY-ST-ZIP Davie, FL 33331 CITY-ST-ZIP  TITLE D/S/T  NAME Martiato, Luis  STREET ADDRESS 1104 Pinehurst St.  CITY-ST-ZIP North Lauderdale, FL 33068 CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NA	After May 1, Fee is \$550.00 Amended UBR is \$61.25	·			s \$5.00 May Be Added to Fees
NAME STREET ADDRESS CITY-ST-ZIP DA Vie, FL 33331 D/S/T NAME MARTIATO, Luis STREET ADDRESS CITY-ST-ZIP NAME MARTIATO, Luis STREET ADDRESS CITY-ST-ZIP NORTH Lauderdale, FL 33068 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-	10. OFFICERS A			1.78	
TITLE NAME MARTIATO, Luis STREET ADDRESS 1104 Pinehurst St. CITY-ST-ZIP NOrth Lauderdale, FL 33068 CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRE	NAME Garcia, Manue STREET ADDRESS 15113 S.W. 33	3rd St.	NAME STREET ADDRESS		
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NAME STREET ADDRESS CITY - ST - ZIP  TITLE NAME STREET ADDRESS CITY - ST - ZIP  TITLE NAME STREET ADDRESS CITY - ST - ZIP  TITLE NAME STREET ADDRESS CITY - ST - ZIP  TITLE NAME STREET ADDRESS CITY - ST - ZIP  TITLE NAME STREET ADDRESS CITY - ST - ZIP  TITLE NAME STREET ADDRESS CITY - ST - ZIP  TITLE NAME STREET ADDRESS CITY - ST - ZIP  12. I hereby certify that the information supplied with this filing does not quality 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 it	TITLE NAME STREET ADDRESS		TITLE ANAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN T	HIS SPACE
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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 it	NAME STREET ADDRESS		NAME STREET ADDRESS		
an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Daytime Phone #	information indicated on this report or su an officer or director of the corporation or appears in Block 10 or on an attachment SIGNATURE:	pplemental report is true end ac r the receiver of trustee empower with an address, with all other i	courate and that my sign ered to execute this repolike empowered.  Manuel R.	ature shall have the same legal effect as if it as required by Chapter 607, Florida Stat	made under oath: that I am

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