

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

DOCUMENT # P96066065022

1. Entity Name

C+B COLLISION PAINT & BODY SHOP INC.

FILED

02 SEP 30 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12419 NE 13 AVE

3. Mailing Address

NORTH MIAMI

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NORTH MIAMI

City & State

City & State

NORTH MIAMI

FL 33161

4. FEI Number

753-00-8863

Applied For

Not Applicable

Zip

Country

Zip

Country

33161

USA

33161

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CHRISTOPHER RAMESAR

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

12419 NE 13 AVE

NORTH MIAMI

City

FL

Zip Code

33161

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



CHRISTOPHER RAMESAR

9-1-02

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
STREET ADDRESS
CITY-ST-ZIP
PSD.
CHRISTOPHER RAMESAR
12419 NE 13 AVE, NORTH MIAMI, FL 33161

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100008148961--8
-10/02/02--01015--019
*****61.25 *****61.25

TITLE
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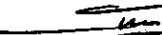
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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:



CHRISTOPHER RAMESAR

9/01/02

305-895-7171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)