

2001 UNIFORM BUSINESS REPORT (UBR)

4/21

FILED
May 24, 2001 8:00 am
Secretary of State

04-25-2001 90083 007 ***150.00

DOCUMENT # P97000083628

1. Entity Name

ARTISTIC COLLISION SERVICE, INC.

Principal Place of Business

Mailing Address

8255 W. 20TH AVENUE
HIALEAH FL 33014

8255 W. 20TH AVENUE
HIALEAH FL 33014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0791016

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOLE, ALINA
6700 SW 99 AVENUE
HIALEAH FL 33014

Name

JESUS MIRANDA

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

15834 NW 82ND CT

MIAMI LAKES FL 33016

City

MIAMI LAKES

FL

Zip Code

33016

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

JESUS MIRANDA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-15-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MOLE, ALINA
STREET ADDRESS 6700 S W 99TH AVENUE
CITY-ST-ZIP MIAMI FL 33173 ☒ Delete

TITLE **JESUS MIRANDA**
NAME **JESUS MIRANDA**
STREET ADDRESS **15834 NW 82ND CT**
CITY-ST-ZIP **MIAMI LAKES FL 33016** ☐ Change ☐ Addition

TITLE VPT
NAME MIRANDA, MARILYN
STREET ADDRESS 6700 S W 99TH AVENUE
CITY-ST-ZIP MIAMI FL 33173 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 807, 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:

Marilyn Miranda **MARILYN MIRANDA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-01

CR2034 (10/00)