

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107462

1. Entity Name

ALL CAR COLLISON, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90043 002 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 14330 N.W. 24TH AVE OPA-LOCKA FL 33054 US	Mailing Address 14330 N.W. 24TH AVE OPA-LOCKA FL 33054-3733 US
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2. Principal Place of Business 14050 NW 22nd Avenue Suite, Apt. #, etc.	3. Mailing Address 14050 NW 22nd Avenue Suite, Apt. #, etc.
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City & State OPA LOCKA FL	City & State OPA LOCKA FL	4. FEI Number 65-0805968	Applied For <input type="checkbox"/> Not Applicable
Zip 33054	Country USA	Zip 33054	Country USA

6. Name and Address of Current Registered Agent KAPETA, SHIMON 14330 N.W. 24TH AVE SUITE 509 OPA-LOCKA FL 33054	7. Name and Address of New Registered Agent Name SHIMON KAPETA Street Address (P.O. Box Number is Not Acceptable) 14050 NW 24th City OPA LOCKA FL Zip Code 33054
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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 DATE 1/29/2000
(NOTE: Registered Agent signature required when reinstating)

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	P KAPETA, SHIMON 16710 NE 9TH AVE. NORTH MIAMI BEACH FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALVAREZ, CRISTINA 3546 NE 167 ST NORTH MIAMI BEACH FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: DATE 1/29/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)