2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-14-2003 90169 008 ***150.00

Daytime Phone #

FILED
Jul 28, 2003 8:00 am
Secretary of State
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121 EST HIGHWAY 48		NTE AUTOBODY INC.					
Sute, Apt. #, 6tc. Sate City & State City & State A. FEI Number 59-4492945 Applied For Not Applied F					550	55052526	
City & Statis Special Address of Current Registered Agent Street Address (PO. Box Number is Not Acceptable)	2. Principal P	Place of Business	3. Mailing Address				
Space Spac	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u>·</u>	CHECK HERE IF MAKING	CHECK HERE IF MAKING CHANGES	
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMERILAWYER ASSESSED AND ACCEPTED BY No. Name of Address of New Registered Agent ASSESSED AND ACCEPTED BY No. Name of Address of New Registered Agent City	City & Stat	ne e	City & State		4. FEI Number 59-3492945	<u> </u>	
AMERILAWYER 343 ALMERÍA AVENUE CORAL GABLES FL'33134 City FL Zip Code B. The above named emitigation is in statement for the purpose of changing its registered algorit, or both, in the State of Florida. I am familiar with, and accept the be obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the be obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the be obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the be obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the be obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the be obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the bed obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the bed obligation of the state of Florida. I am familiar with, and accept the bed obligation of the state of Florida. I am familiar with, and accept the bed obligation of the state of Florida. I am familiar with, and accept the bed obligation of the state of Florida. I am familiar with, and accept the bed office or registered agent, or both, in the State of Florida. I am familiar with, and accept the bed office or registered agent, or both, in the State of Florida. I am familiar with, and accept the bed office or registered agent, or both, in the State of Florida. I am familiar with, and accept the bed office or registered agent, or both, in the State of Florida. I am familiar with, and accept the bed office or registered agent, or both, in the State of Florida. I am familiar with, and accept the bed office or registered agent, or both, in the State of Florida. I am familiar with, and accept the bed office or registered agent, or both, in the State of Florida. I am familiar with, and accept the bed office or registered agent, or both, in the State of Florida. I	Zip		<u> </u>	Country	9. Certificate (il Statos Desire)	ee Required	
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Make Check Payable to Florida Department of State 10.		Signature, typed or printed name of registered agent	and side if applicable. (NK	OTE: Registered Agent signature requ	timed when reinstating) DATE		
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Floride 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 path, that I am an officer or director.	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE	[Change Addition	
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 110 or Block 11 if	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP			



NORMAN KAGAN.E.A.

2431 WESTWOOD DRIVE LONGWOOD, FLORIDA, 32779

Phone 407-869-7753 Fax 407-865-7487

JULY 23,2003

DIVISION OF CORPORATIONS, TALLAHASSEE, FLORIDA

GENTLEMEN;

PLEASE BE ADVISED THAT THE FORM WE, SENT-WAS-THE ONLY FORM WE RECEIVED HE WAS SENT TO US LATE AND THEREFORE WE HAD NO KNOWLEDGE OF SAME.

WE WOULD APPRECIATE A REDUCTION OR ABATEMENT OF THE PENALTY THAT YOU ARE ASKING FOR,

YOURS TRULY.

NORMAN KAGAN, ACCOUNTANT FOR ALT

ACCOUNTANT FÖR ALTAMONTE AUTOBODY INC.