

2000-2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

\$450.00

FILED

02 FEB 27 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000018806
1. Entity Name
A-1 AUTO COLLISION, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5061 NE 13 AVE
Suite, Apt. #, etc.
City & State
OAKLAND PARK, FL
Zip
33334 Country
USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

2000-2002 UBR

4. FEI Number
65-0833132 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
JOSEPH A. PEREIRA JR.
Street Address (P.O. Box Number is Not Acceptable)
10300 SW 72 ST #470J
City
MIAMI FL Zip Code
33173

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 _____
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	PD MICHAEL CALABRESE 11605 NW 3RD DRIVE CORAL SPRINGS, FL 33071	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300005096693--3 -03/12/02--01038--014 ****450.00 ****450.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MICHAEL MINUTILLO 7840 NW 51 ST LAUDERHILL, FL 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: [Signature] MICHAEL CALABRESE 954-351-5550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)