

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046073

Entity Name  
BEL'S AUTO BODY CENTER, INC.

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90079 044 \*\*\*150.00

Principal Place of Business

590 D MICHIGAN AVENUE  
KISSIMMEE FL 34744

Mailing Address

2590 D MICHIGAN AVENUE  
KISSIMMEE FL 34744

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3585784

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MUNTZING, WILLIAM H  
1102 WEST OAK STREET  
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2002 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

1. OFFICERS AND DIRECTORS

NAME	PD	<input type="checkbox"/> Delete
STREET ADDRESS	FERNANDEZ, ABEL	
CITY-STATE-ZIP	12755 MONTANA WOODS LANE ORLANDO FL 32824	
NAME	DTS	<input type="checkbox"/> Delete
STREET ADDRESS	FERNANDEZ, ARGENTINA	
CITY-STATE-ZIP	TOMAHAWK DRIVE KISSIMMEE FL 34736	
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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:

*Argentina Fernandez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/4/02

Daytime Phone #

CR2E034 (9/01)