2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083264

FILED
May 11, 2000 8:00 am
Secretary of State

03-06-2000 90076 003 ***150.00

1. Entity Name

AUTO PRO BODY SHOP, INC.

Principal Place of Business	Mailing Address
7249 SW 42ND TERRACE MIAMI FL 33155	7249 SW 42ND TERRACE MIAMI FL 33155-4538

DO NOT WRITE IN THIS SPACE

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 65-0862535 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHARRAN, BILLY
8500 NW 4TH TERRACE #4
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name (1) * OSBORN RAMKISSOON 9112 SW 157 Ave Rd Miami FL 33196

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

OSBORN RAMKISSOON
9112 SW 157 Ave Rd

City Miami FL — FL — Zip Code 33196

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 OSBORN RAMKISSOON — DATE 2/2/00

Signature, typed or printed name of registered agent and title if applicable. (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	P ☑ Delete	TITLE (2)	P. PRESIDENT ☐ Change ☑ Addition
NAME	CHARRAN, BILLY	NAME	OSBORN RAMKISSOON
STREET ADDRESS	8500 NW 4TH TERRACE #4	STREET ADDRESS	9112 SW 157 AVE RD
CITY-ST-ZIP	MIAMI FL 33126	CITY-ST-ZIP	MIAMI FL 33196
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RAMKISSOON, OSBORN	NAME	
STREET ADDRESS	9112 SW 157 AVE RD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33196	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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: (3) * OSBORN RAMKISSOON — Date — (305) 265-4903 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR