

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0049240 AV

DOCUMENT # P98000089708

1. Entity Name  
STUTTGART COLLISION, INC.



FILED

03 AUG 14 PM 5:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
3050 SW 38 CT  
MIAMI FL 33146

Mailing Address  
3050 SW 38 CT  
MIAMI FL 33146

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 65-0870627

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BAKOS, OMAR J  
3050 S.W. 38TH COURT  
MIAMI FL 33146

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVST  
BAKOS, OMAR J  
3050 S.W. 38TH COURT  
MIAMI FL 33146 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BAKOS, OMAR J  
3050 S.W. 38TH COURT  
MIAMI FL 33146 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
300022631403  
08/28/03--01025--007 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b) 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/12/03

CR2E034 (4/03)

Attachment#

P98000089708

August 4th, 2003

Florida Department of State  
Division of Corporation  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Stuttgart Collision, Inc.  
3050 SW 38 Court  
Miami, FL 33146  
Re: P98000089708  
EIN: 65-0870627

Dear Sir or Madam,

I have contacted your organization regarding my companies UBR status for the year 2003 because I received a notice of delinquency. I advised one of your representatives that I sent my report along with payment back in the end of March, but unfortunately I did make a copy of the first form I sent out. They advised me to send a letter along with the original fee of \$150.00. Please bring my company up to date. Enclosed is a payment for 2003.

Sincerely,



Omar Bakos  
President