

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90182 043 ***155.00

DOCUMENT # P99000046799

1. Entity Name
J.N.S. COLLISION, INC.

Principal Place of Business
10960 SW 42ND TERRACE
MIAMI FL 33165

Mailing Address
10960 SW 42ND TERRACE
MIAMI FL 33165



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8715 NW 117 ST

3. Mailing Address
← SAME

Suite, Apt. #, etc.
1-A-5-BAYS

Suite, Apt. #, etc.
← SAME

City & State
MIAMI GARDENS FL

City & State
← MIAMI GARDENS FL

4. FEI Number **65-0921796**

Applied For
 Not Applicable

Zip
33018

Country
U.S.A.

Zip
33018

Country
USA

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

6. Name and Address of Current Registered Agent

BANOS, ANGEL J
10960 SW 42ND TERRACE
MIAMI FL 33165

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.

SIGNATURE _____ (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)

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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	D			<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	BANOS, ANGEL J	10960 SW 42ND TERRACE	MIAMI FL 33165							
	P-D			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	ANGEL J. BAÑOS	2980 S.W. 109 CT	MIAMI - FL. 33165							
	V.P. SECRETARY D.			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	MAGDALENA-CUTIERREZ	2980 S.W. 109 CT	MIAMI - FL. 33165							
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: SIGNATURE REQUIRED **4/1/02** **(305) 362-3988**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)