FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90032 032 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

90130606

DOCUMENT # P99000056705

1. Entity Name
A WELLIE'S TRUCK & COLLISION, INC.

Principal Place of Business	Mailing Address
3596 NW 52ND STREET MIAMI, FL 33142	3596 NW 52ND STREET MIAMI, FL 33142

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
		10431 SW 88 STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #D-114	
City & State		City & State MIAMI FL	
Zip	Country	Zip 33176	Country USA

4. FEI Number 65-0928914 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REYES, WILLIAM
C/O SANDOVAL & ASSOCIATES
4069 HOLLY COURT
WESTON, FL 33331

7. Name and Address of New Registered Agent

Name: REYES, WILLIAM
Street Address (P.O. Box Number Is Not Acceptable): 10431 SW 88 STREET
Suite D-114
City: MIAMI FL Zip Code 33176

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: William Reyes WILLIAM REYES 04-29-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REYES, WILLIAM 10431 SW 88 ST. #D-114 MIAMI, FL 33176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William Reyes PRESIDENT 04-29-03 9546638464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
WILLIAM REYES