

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2001 8:00 am
Secretary of State

07-26-2001 90003 042 ***550.00

0117189 AT

DOCUMENT # P99000075910

1. Entity Name
ROYAL COLLISION, INC.

Principal Place of Business

**921 N. 21ST AVE.
HOLLYWOOD, FL 33020**

Mailing Address

**P.O. BOX 641061
NORTH MIAMI, FL 33164**

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

65-0943179

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUINTO, LEIGH J

**252 THREE ISLANDS BLVD., APT. #308
HALLANDALE FL 33009**

Name

SETH QUINTO

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

921 N 21st AVENUE

City

HOLLYWOD

FL

Zip Code

33020

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

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

(NOTE: Registered Agent signature required when reinstating)

7/18/01
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **VD** ☒ Delete
NAME **SPINELLA, JAMES V**
STREET ADDRESS **19125 SW 95TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **PRESIDENT/Director** ☐ Change ☒ Addition
NAME **SETH QUINTO**
STREET ADDRESS **921 N 21st AVENUE**
CITY-ST-ZIP **HOLLYWOOD, FL 33020**

TITLE **PD** ☒ Delete
NAME **QUINTO, LEIGH J**
STREET ADDRESS **252 THREE ISLANDS BLVD., APT. 308**
CITY-ST-ZIP **HALLANDALE FL 33009**

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

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

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:

SETH QUINTO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/01
Date

(954) 920-7404
Daytime Phone #

CR2E034 (5/01)