2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
05-01-2000 90368 029 ***150.00

DOCUMENT # V49359

1. Entity Name

JAI'S AUTO BODY REPAIR, INC.

Principal Place of Business	Mailing Address
825 NW 8 AVE FT. LAUDERDALE FL 33311 US	825 NW 8TH AVE FT.LAUDERDALE FL 33311-7205 US

L00771301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
825 N.W 8th AVENUE	825 NW 8th AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT. LAUDERDALE, FL.	City & State: FT. LAUDERDALE, FL.
Zip: 33311 Country: BROWARD	Zip: 33311 Country: BROWARD

4. FEI Number 65-0344820 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAM, JAIRAM
915 N.W. 8TH AVENUE
FORT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name: RAM, JAIRAM
Street Address (P.O. Box Number is Not Acceptable): ~~825~~ 915 NW 116th TERRACE
City: PLANTATION FL Zip Code: 33325

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 ______________________________ DATE
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 NAME STREET ADDRESS CITY-ST-ZIP	P RAM, JAIRAM 915 NW 116TH TERRACE PLANTATION FL 33325	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: X J. Ram 04-20-2000 (954) 768-0726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #