

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V49359

1. Entity Name

JAI'S AUTO BODY REPAIR, INC.

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90017 005 ***150.00

Principal Place of Business

825 NW 8 AVE
FT. LAUDERDALE FL 33311
US

Mailing Address

825 NW 8TH AVE
FT. LAUDERDALE FL 33311
US

2. Principal Place of Business

825 N.W. 8th AVE.

Suite, Apt. #, etc.

3. Mailing Address

825 N.W. 8th AVE.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE, FL.

City & State

FT. LAUDERDALE, FL.

4. FEI Number

65-0344820

Applied For

Not Applicable

Zip

33311

Country

BROWARD

Zip

33311

Country

BROWARD.

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

RAM, JAIRAM

825 915 NW 116TH TERRACE
PLANTATION FL 33325

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

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

(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, 2001 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	P	☐ Delete
NAME	RAM, JAIRAM	
STREET ADDRESS	915 NW 116TH TERRACE	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAIRAM RAM

PRESIDENT 4/16/01 (984) 768

Date

Daytime Phone #

0726

CR2E034 (10/00)