

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

0316242 AV

DOCUMENT # V49359

1. Entity Name

JAI'S AUTO BODY REPAIR, INC.

04-15-2002 90037 003 ***150.00

Principal Place of Business

Mailing Address

**825 NW 8 AVE
 FT. LAUDERDALE FL 33311
 US**

**825 NW 8TH AVE
 FT. LAUDERDALE FL 33311
 US**



2. Principal Place of Business

825 N.W. 8th AVE

3. Mailing Address

825 N.W. 8th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1

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

**RAM, JAIRAM
 825 915 NW 116TH TERRACE
 PLANTATION FL 33325**

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

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, 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-05-2002 (954) 768-0726

Date

Daytime Phone #

CR2E034 (9/01)