## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # M M 3970 Jun 06, 2000 8:00 am Secretary of State AA+Starter + Alternator, Inc 06-06-2000 90173 004 \*\*\*150.00 Principal Place of Business Mailing Address 1130 S. State Rd7 11305 State Rd7 00056149 4011yuxxxx1, FL 33023 Hollywood, FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Numbe Applied For Not Applicable Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RIVEM, Jesus D. Kivera, Jesus D 1130 S. State Rd 7 Street Address (P.O. Box Number is Not Acceptable) HO11940000 1 FC: 33023 1130 S. State Pd pmits fis statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named a SIGNATURE typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 resident TITLE ☐ Change Addition Delete TITLE Rivera Jesus D. 11305 . State Rd 7 NAME NAME STREET ADDRESS STREET ADDRESS Hollywood, FL 33023 CITY-ST-ZIE CITY-ST-ZIP Rivera imarybell □ Delete ☐ Change Addition 1130 s. state Ra 7 STREET ADDRESS STREET ADDRESS 4011010000 1 FC 33023 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ess, with all other like empowered.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

SIGNATURE: