

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90037 045 \*\*\*150.00

DOCUMENT # M73970

1. Entity Name
AA+ STARTER AND ALTERNATOR, INC.

Principal Place of Business
1130 S STATE RD 7
HOLLYWOOD FL 33023
US

Mailing Address
1130 S STATE RD 7
HOLLYWOOD FL 33023
US

A0009705



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number 65-0044995
Applied For
Not Applicable

Zip Country

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

RIVEM, JESUS D
1130 S STATE RD 7
HOLLYWOOD FL 33023

Name RIVERA, JESUS D
Street Address (P.O. Box Number is Not Acceptable)
City (corrected for spelling only) 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 DP
NAME RIVERA, JESUS D.
STREET ADDRESS 1130 S STATE RD 7
CITY-ST-ZIP HOLLYWOOD FL 33023

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME RIVERA, MARYBELL
STREET ADDRESS 1130 S STATE RD 7
CITY-ST-ZIP HOLLYWOOD FL 33023

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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: x JD Rivera
Date 1-11-01
Daytime Phone # 954-7352431

CR2E034 (10/00)