2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000031997 DOCUMENT

8211 WEST BROWARD BLVD., SUITE 200

1. Entity Name

Principal Place of Business

2. Principal Place of Business
5414 STIRUNG

5400 STIRLING RD

Suite, Apt. #, etc.

TORCHIN, DAVID CPA

PLANTATION FL 33324-2726

City & State

DAVIE FL 33314

AUTO COMPUTER EXCHANGE, INC.



FILED Jan 15, 2003 8:00 am Secretary of State

PUTER EXCHANGE, INC	.		01-15-2003 901/3 (040 ***150.00				
f Business D	Mailing Address 5400 STIRLING RD DAVIE FL 33314		 					
s of Business STRUNG RD etc.	3. Mailing Address 5H45TRUNG RO Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
FL	DAVIE FL		4. FEI Number 65-0994101	Applied For Not Applicable				
BEOWALD	33314	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					
		Name		}				
AVID CPA BROWARD BLVD., SUITE 200		Street Address (P.O. Box Number is Not Acceptable)						
FL 33324-2726								
		City	FI	Zip Code				
med entity submits this statement for of registered agent.	r the purpose of changing its	registered office or register	ed agent, or both, in the State of Florida. I am	familiar with, and accept				
nature, typed or printed name of registered agent a	and title if applicable. (NOTE	E: Registered Agent signature required	when reinstating) DATE					

8. The above	named entity submits this statement for the purp	oose of changing its re	aistered office o	r registered age	nt or both in the Sta	te of Florida I ar	n familiar with	and accept
the obligat	ions of registered agent.	or or origing no re	igioto ca cinico c	. regionale age	, 61 5501, 11 410 60	ne or riorida. Tar	Transaction,	and accept
SIGNATURE .								
	Signature, typed or printed name of registered agent and title if app	olicable. (NOTE: F	Registered Agent signa	ture required when rein	nstating)	DATE		
	ILE NOW!!! FEE IS \$150.00				9. Election Camp	naion Financino	\$5.0	0 May Be
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State]			Trust Fund Co	~ ~	_ +0.0	to Fees
								
10.	OFFICERS AND DIRECTO		11.	ADE	DITIONS/CHANGES	TO OFFICERS AN		
TITLE	[F	☐ Delete	TITLE	1000	A CAOLO	A -O	🔼 Change	Addition
NAME STREET ADDRESS	URRETA, CARIDAD 5400 STIRLING RD		NAME STREET ADDRESS	UKEEL	A, CARIO BTIRUNG	\mathcal{D}_{Ω} .		
CITY-ST-ZIP	DAVIE FL 33314		CITY-ST-ZIP	244 2	NIKUND	231		
				DAVLE	Th 3	5374		
TITLE NAME	VP	☐ Delete	TITLE NAME	VP Magaza			Change	Addition
STREET ADDRESS	ACQUARULD, LOUIS		STREET ADDRESS	ACQUAR	OLO, LO BTIRLING	7		
CITY-ST-ZIP	5400 STIRLING RD		CITY-ST-ZIP	2414 2	STRUNG	<i>20</i>		
	DAVIE FL 33314			DAVIE	FL 32	3314		
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NAME STREET ADDRESS	URRETA, VINCENT	:	NAME	URREIN	VINCE	ρ_{Λ}	·	
	5400 STIRLING RD		STREET ADDRESS CITY-ST-ZIP	15414	VINCEI STIRLING FL	22311		
	DAVIE FL 33314			DAVIE	+L	DD 214		
TITLE		☐ Delete	TITLE				Change	Addition
NAME			NAME	}				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	1				
			CITY-ST-ZIP					****
TITLE		☐ Delete	TITLE				Change	☐ Addition
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		Delete	TITLE .				Change	☐ Addition
NAME			NAME					

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP+

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP