

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PO2000093662**

1. Entity Name
AUL ELECTRICAL APPLIANCE, INC.



FILED

03-APR 22 PM 2:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
**6895 SW 17TH STREET
MIAMI FL 33155**

Mailing Address
**6895 SW 17TH STREET
MIAMI FL 33155**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
90-0052654

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUIS, OMAR
6895 SW 17TH STREET
MIAMI FL 33155**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Handwritten Signature]

02/04/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003, Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
NAME **AU DOMINGUEZ, LAZARO E**
STREET ADDRESS **531 S.W. 115TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE **PD** Change Addition
NAME **AU, LAZAROE**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** Delete
NAME **LUIS, OMAR**
STREET ADDRESS **6895 SW 17TH STREET**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE Change Addition
NAME **500016386585**
STREET ADDRESS **04/25/03--01009--008 **150.00**
CITY-ST-ZIP

TITLE **SD** Delete
NAME **AU, YILAM**
STREET ADDRESS **531 S.W. 115TH AVE.**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **ALBISA, DORAIKY**
STREET ADDRESS **6895 SW 17TH STREET**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

[Handwritten Signature]

2/4/03

4/23