

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90080 044 ***150.00

DOCUMENT # P95000084174

1. Entity Name

A-1 MASTER AUTO CARE, INC.

Principal Place of Business

Mailing Address

5951 NW 151ST ST., BAY 42
 MIAMI LAKES, FL 33014

5951 NW 151ST ST., BAY 42
 MIAMI LAKES FL 33014

2. Principal Place of Business

3. Mailing Address

5951 NW 151 St. Bay 42

5951 NW 151 St. Bay 42

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI LAKES, FL.

MIAMI LAKES, FL.

City & State

City & State

4. FEI Number

65-0638437

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

Zip
 33014

Country
 U.S.A.

Zip
 33014

Country
 U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PUIG, WILLIAM
 5951 NW 151ST ST., BAY 42
 MIAMI LAKES FL 33014

Name **Puig, William.**

Street Address (P.O. Box Number is Not Acceptable)

5951 NW 151 St.

Bay 42

City **MIAMI LAKES**

FL

Zip Code
33014

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	P			<input type="checkbox"/>
	PUIG, WILLIAM	6875 NW 40TH ST	VIRGINIA FL 33166	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	Same			<input type="checkbox"/>	<input type="checkbox"/>
	Same	5951 NW 151 St A 42	MIAMI LAKES FL 33014	<input type="checkbox"/>	<input type="checkbox"/>
		A-1 MASTER AUTO CARE INC.		<input type="checkbox"/>	<input type="checkbox"/>
		5951 NW 151 St Bay 42		<input type="checkbox"/>	<input type="checkbox"/>
		Miami Lakes, FL 33014		<input type="checkbox"/>	<input type="checkbox"/>
		William Puig (305) 512-9000		<input type="checkbox"/>	<input type="checkbox"/>
		ASE Certified Master Technician		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-00 305 512 9000

CR2004 (0/00)