

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000084497

1. Entity Name

MICHAEL'S AUTO ELECTRIC AND TRADING, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90061 017 ***158.75

Principal Place of Business

Mailing Address

1452 E OSCEOLA PKWY
KISSIMMEE FL 34744

8993 FT JEFFERSON BLVD
KISSIMMEE FL 32822-7485

00042834

2. Principal Place of Business

2820 Michigan Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3344680

Applied For

Not Applicable

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

ABIABDALLAH, SAID
8993 FT. JEFFERSON BLVD.
ORLANDO FL 32822

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.

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

P
ABOUABDALLAH, MIKHAEL
8993 FT. JEFFERSON BLVD
ORLANDO FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP President
ABIABDALLAH, SAID
8993 FT. JEFFERSON BLVD
ORLANDO FL

☐ Delete

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
ABIABDALLAH, SAID
8993 FT. JEFFERSON BLVD
ORLANDO, FL 32822

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 #

CR2E034 (9/99)