

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90016 045 ***150.00

DOCUMENT # P97000108663

1. Entity Name
SUNTRUST AUTO CENTER, INC. *R*

Principal Place of Business: **SUNTRUST AUTO CENTER INC.**
 9695 NW 79 AVE BAY #1 HIALEAH GARDENS FL 33016
 Mailing Address: **SUNTRUST AUTO CE**
 7411 N.W. 54th Street BAY #1 HIALEAH GARDENS FL 33016
Miami, FL 33166 (305) 468-9111



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **65-0805307** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	PSTD <input type="checkbox"/> Delete
NAME	VALADKHANI, HAMID
STREET ADDRESS	9695 NW 79 AVE, BAY 14
CITY-ST-ZIP	HIALEAH GARDENS FL 33016
TITLE	<input type="checkbox"/> Delete
NAME	SUNTRUST AUTO CENTER INC.
STREET ADDRESS	7411 N.W. 54th Street
CITY-ST-ZIP	Miami, FL 33166
	(305) 468-9111 <input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: **SIGNATURE REQUIRED** *7 10 2000 957 439816*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

PA7000107843

#0068076

Department of STATE
DIVISION OF CORPORATIONS

SUNTRUST AUTO CENTER INC.
7411 N.W. 54th Street
Miami, FL 33166
(305) 468-9111

Dear Sir madam

I have just received a second notice of 2000
uniform Business report but I did not receive the
first one on phone conversation with Mrs. Kristin
on 7 10 2000 I was told to write this letter
with 150.⁰⁰ check also I would like to notify you
That my correct address is 7411 N.W 54 St MIAMI
FLORIDA 33166

Sincerely

Hamid Veladkheeni

