

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90171 021 ***150.00

DOCUMENT # P01000094155**1. Entity Name**
A. M. A. USED AUTO RECYCLERS INC.**Principal Place of Business****1840 WEST 49TH STREET**
SUITE #404
HIALEAH FL 33012**Mailing Address****1840 WEST 49TH STREET**
SUITE #404
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**65-1139186**

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****MARTINEZ, ALEJANDRO**
1840 WEST 49TH STREET
SUITE #404
HIALEAH FL 33012

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, 2002 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	D	☐ Delete
NAME	MARTINEZ, ALEJANDRO	
STREET ADDRESS	7051 S.W. 182ND WAY	
CITY-ST-ZIP	FT. LAUDERDALE FL 33029	
TITLE	D	☐ Delete
NAME	MARTINEZ, NATALIA M	
STREET ADDRESS	7051 S.W. 182ND WAY	
CITY-ST-ZIP	FT. LAUDERDALE FL 33029	
TITLE		☐ Delete
NAME		
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TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR****ALEJANDRO MARTINEZ**
DIRECTOR
PRESIDENT**4/25/02**

Date

(305) 796-3943

Daytime Phone #

CR2E034 (9/01)