

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90149 024 ***150.00

DOCUMENT # **157844** ✓
1. Entity Name
A+P Battery Supply + Equipment Co.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3590 NW 60 Street
Suite, Apt. #, etc.

3. Mailing Address
3590 NW 60 St.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami FL
Zip
33142
Country
USA

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Miami FL
Zip
33142
Country
USA

4. FEI Number
590596088
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
John Greenfield
Street Address (P.O. Box Number is Not Acceptable)
11900 Biscayne Blvd
City
N. Miami FL Zip Code
33181

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 **John Greenfield**
Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent Signature required when reinstating)

4/16/02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
Gov P.D.
Louis Greenfield
3590 NW 60 St
Miami FL 33142

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V.S.D.
John Greenfield
3590 NW 60 St
Miami FL 33142

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **John Greenfield** VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02 **895 1289**
Date Daytime Phone #

CR2E034B (12/01)