## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 306918** LORY AUTOMATIC TRANSMISSION INC Mailing Address Principal Place of Business 2400 \$ W 8TH ST 2400 S W 8TH ST MIAMI FLA 33135-3004 MIAMI FL 33135

3. Mailing Address

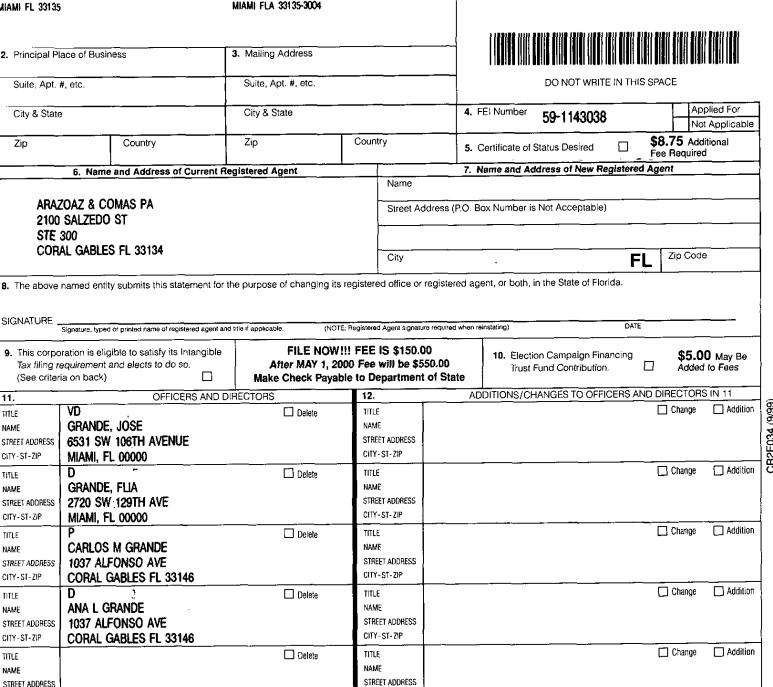
City & State

Zip

Suite, Apt. #, etc.

## FILED May 10, 2000 8:00 am Secretary of State

05-10-2000 90078 001 \*\*\*300.00



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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

12.

TITLE

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SIGNATURE:

2. Principal Place of Business

Country

ARAZOAZ & COMAS PA

CORAL GABLES FL 33134

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

GRANDE, JOSE

MIAMI, FL 00000

GRANDE, FLIA

MIAMI, FL 00000

ANA L GRANDE

2720 SW 129TH AVE

CARLOS M GRANDE

1037 ALFONSO AVE

1037 ALFONSO AVE

CORAL GABLES FL 33146

**CORAL GABLES FL 33146** 

**6531 SW 106TH AVENUE** 

2100 SALZEDO ST

STE 300

(See criteria on back)

VD

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

NAME

NAME

TITLE

NAME

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STREET ADDRESS

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☐ Change

☐ Addition