

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J52361

1. Entity Name

A&E AUTO ELECTRIC, INC.

f

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-29-2000 90188 030 ***150.00

Principal Place of Business

110 S. DIXIE HIGHWAY
HALLANDALE FL 33009

Mailing Address

110 S. DIXIE HIGHWAY
HALLANDALE FL 33009

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 **59-2765794**

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

ELALOUF, JOSEPH
110 S DIXIE HIGHWAY
HALLANDALE FL 33009

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DP	ELALOUF, ARMAND	2121 N. 53RD AVE.							
		HOLLYWOOD FL								
	P	ELALOUF, JOSEPH	2240 N 57TH WAY							
		HOLLYWOOD FL 33021								

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 #

Attachment Doc#
J52361
D0082214

Enclosed please find a copy of my corporate renewal. The original and my check were apparently lost in the mail. I have enclosed a copy of my stop payment from my bank.
Thank you.

Attachment Doc#
152361
DW82214**FIRST UNION NATIONAL BANK**

Commercial Customer Service Center
4340 Innslake Drive (Mailcode VA3703)
Glen Allen, VA. 23060
Phone: (800)222-3862
Fax: (877)371-2717 & (804)965-2128 & (804)965-2129

Fax Confirmation of Requested ServicesCompany Name: A & E AutoTo: JoeFax: 954-327-8466

Pages: _____ (including cover sheet)

(Please be advised we have performed the following transaction(s) to your account(s):

Transfer Of Funds:

From Account: _____ To Account: _____

In The Amount Of: _____

Advance Line of Credit:

Customer Number: _____ Note Number: _____

To Account: _____ In the amount of: _____

Paydown Line Of Credit:

Customer Number: _____ Note Number: _____

To Account: _____ In The Amount of: _____

Stop Payment:

Account Number: 2151001314956 Check Number: 9994
Amount: \$150.00 Date Issued: 4-20-00
Reason: lost Payee: State of Florida
Completed By: Green, white Conf#: 22140713