2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # J59373

1. Entity Name

A & J AUTO TECH, INC.

FILED May 05, 2002 8:00 am Secretary of State 05-05-2002 90292 016 ***150.00

Principal Place of Business **BRETTLER 3085 N.W. 13TH COURT DELRAY BEACH FL 33445		Mailing Address %BRETTLER 3085 N.W. 13TH COURT DELRAY BEACH FL 33445			1 3/8/1 8/8/1 A(A); B(A); B(A)
2. Principal	Place of Business	3. Mailing Address	<u> </u>	<u></u> 2-17-	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & Sta	nto.			DO NOT WRITE IN THIS SPA	CE
	116	City & State		4. FEI Number 59-2775074	Applied For Not Applicable
Zip '∰'	Country	Zip	Country	5. Certificate of Status Desired \$8	75 Additional
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Age	Required
4001 FD	IALIBA OTANI EV D		Name	The state of the s	
Applebaum, Stanley D. 24e Southport Lane			Street Addres	Street Address (P.O. Box Number is Not Acceptable)	
BOYNTO	ON BEACH FL 33436				
			City	FL	Zip Code
8. The above	e named entity submits this statement for	the purpose of changing it	s registered office or regis	tered agent, or both, in the State of Florida.	
Tax filing i	Signature, typed or printed name of registered agent and oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW After May 1, 20	TE: Registered Agent signature requi	10. Election Campaign Financing	\$5.00 May Be
11.	OFFICERS AND DI		ble to Department of Si	late	Added to Fees
TITLE	P	☐ Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIR	
NAME STREET ADDRESS CITY-ST-ZIP	BRETTLER, ABRAHAM 3085 N.W. 13TH COURT DELRAY BEACH FL		NAME STREET ADDRESS CITY-ST-ZIP	U	Change Addition
TITLE ====================================		Delete	TITLE		Change
STREET ADDRESS CITY-ST-ZIP		والهارتين ميمي بدار الحوارة والمواد	STREET ADDRESS CITY-ST-ZIP	الله المحمد المح	
TITLE NAME STREET ADDRESS DITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		hange Addition
TLE AME TREET ADDRESS ITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C	hange
TLE		☐ Delete			

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date