

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K47200

1. Entity Name

ABCO AUTO ELECTRIC CORP.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90092 015 \*\*\*150.00

Principal Place of Business

Mailing Address

~~3061 SW 12TH ST.~~  
~~MIAMI FL 33135~~

~~3061 SW 12TH ST.~~  
~~MIAMI FL 33135~~

5695 SW 8th St.  
Miami, FL 33134

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 65-0107158

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

CARLIN, MARTIN L.  
3000 BISCAYNE BLVD.  
SUITE 402  
MIAMI FL 33137

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, 2000 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

| 11. OFFICERS AND DIRECTORS      |                   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11             |      |
|---------------------------------|-------------------|---|------|
| TITLE                           | NAME              | TITLE   | NAME |
| DP                              | GONZALEZ, JOSE M. | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| 711 SW 57TH AVE.                | 5695 SW 8th St.   |   |      |
| MIAMI FL                        | Miami FL 33134    |   |      |
| DS                              | GONZALEZ, JOSE A. | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| 711 SW 57TH AVE.                | 5695 SW 8th St.   |   |      |
| MIAMI FL                        | Miami, FL 33134   |   |      |
| <input type="checkbox"/> Delete |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |

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 #

02 08 2000

CR2E034 (9/99)