## 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUM 1. Entity Name	MENT # K86547	-	<b>\</b>	•		FILED				
TRI STATE AUTO ELECTRIC, INC.						00 FEB 29 PM 1: 11				
					4					
Principal Place		Mailing Address			SECRETARY OF STATE PAREMEASSEE. PLORIDA					
10790 NE 6 AVI N MIAMI FL 331		10790 NE 6 AVE N MIAMI FL 33161-7130				···	~	, v <del>v</del>		
						n nagharin ani kaka areal dirih didir ha	:4	IN MTANE BURGE BEAR	I <b>B</b> (B)) ( <b>81</b> )	
2. Principal Pl	ace of Business	3. Mailing Address			┨					
Suite, Apt.	# elc	Suite, Apt#, etc.			<u> </u>	DO NOT WRITE	IN THIS S	SPACE		
					4.6	El Number EQ.0050617		I IAor	plied For	
City & State	•	City & State			4, [	59-2052617		Not	Anti-	
Zip Country		Zip	Country		5. 0	Certificate of Status Desired		\$8.75 Addit Fee Required		
	6. Name and Address of Current	Registered Agent	<u> </u>	Name	7. 1	lame and Address of New Red	istered /	\gent		
11414 050005					/DO 0	ar Number is Not Acceptable)	_	·		
10790 NE 6 AVE				2fleet Address	(r.o. b	ox Number is Not Acceptable)				
MAIM	AI FL						·- <u>-</u> .	Zìp Code		
				City			FL			
8. The above	named entity submits this statement for	or the purpose of changing its	register	ed office or registe	ered ag	ent, or both, in the State of Flori	da.		•	
SIGNATURE .							DATE			
	Signature, typed or printed name of registered agent			d Agent signature require	BS WHEN IS	instaling)				
	ration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!!! FEE IS \$150.00				10. Election Campaign Final Trust Fund Contribution.			D May Be .to.Faes_	
	ia on back)	Make Check Paya	ble to D			DITIONS/CHANGES TO OFFIC	ERS ANT	DIRECTORS	SIN 11	
TILE	PD : OFFICERS AND	Delete	, זמנ				•	☐ Change		
NAME STREET ADDRESS	HAM, GEORGE 10790 NE 6 AVE		NAA Stri	IE EET ADDRESS		00000318	o 1 1 }0}{	. <b>6U-</b> -	5	
CITY-ST-ZIP	MIAMI FL			'-ST-ZIP		****158.	75 ×	****158.	.75 🐃	
TITLE NAME	VP FUENTES, MANUEL	☐ Delete	TITU NAM					Change	C****	
STREET ADDRESS	1715 SW 67 COURT		STR	eet address						
CITY-ST-ZIP	MIAMI FL	☐ Delete	TITL	/-ST-ZIP	<u></u>			Change	Addition	
TITLE NAME		C Deleas	NAN	Æ						
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS /-St-Zip						
TITLE		☐ Delete	TITL					☐ Change	Additio	
NAME STREET ADDRESS	• 5**		NAN Str	EET AODRESS	مهجد حيسره					
CITY-ST-ZIP	- name/			Y-ST-21P	····			Change	Additio	
TITLE NAME		☐ Delets	TIT! NAM					C Charge		
STREET ADDRESS				EET ADDRESS Y-ST-ZIP						
TITLE		☐ Delete	TITL	<del></del>				Change	☐ Additio	
NAME	This expenses		NA) STR	ME EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	(数次) 特别 (数数) (数数)		CIT	Y-ST-ZIP						
	certify that the information supplied will fon this report or supplemental report rporation or the receiver or truslee emp , or on an attachment with an address,			emption stated in Seture shall have the ired by Chapter 6	Section e same 07, Flori	119.07(3)(i), Florida Statutes, I i legal effect as if made under or ida Statutes; and that my name	urther ce ath; that I appears i	rtify that the in am an officer in Block 11 or	or director Block 12 if	
_	30. 200 AT DO A	a Star	ED	)		1/27/00		T	<b>Z</b> (September 1)	
SIGNAT	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICE				Date		Dayume Phone #	<del></del>	