

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K92663

1. Entity Name

SAM & SONS AUTO ELECTRIC CORP.

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90039 022 \*\*\*150.00

Principal Place of Business

Mailing Address

% SAMUEL RODRIGUEZ  
4430 E 10TH LANE  
HIALEAH FL 33013

% SAMUEL RODRIGUEZ  
4430 E 10TH LANE  
HIALEAH FL 33013-2529

2. Principal Place of Business

3. Mailing Address

4386 E. 10TH LANE

4386 E. 10TH LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH, FL

City & State

HIALEAH, FL

4. FEI Number

58-3205470

Applied For

Not Applicable

Zip

33013

Country

Zip

33013

Country

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

RODRIGUEZ, SAMUEL  
4430 E 10TH LANE  
HIALEAH FL 33013

Name  
SAMUEL RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)  
4386 E. 10TH LANE

City  
HIALEAH

FL

Zip Code  
33013

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

*Samuel Rodriguez*

SAMUEL RODRIGUEZ

3/27/2000

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RODRIGUEZ, SAMUEL  
2531 W 60TH PLACE 18-108  
HIALEAH GARDENS FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ 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 #

3/27/2000