

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K92663

5487 4682

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

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RODRIGUEZ, SAMUEL
 4430 E 10TH LANE
 HIALEAH FL 33013

7. Name and Address of New Registered Agent

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	<input type="checkbox"/> Delete
	RODRIGUEZ, SAMUEL	2531 W 60TH PLACE 18-108	HIALEAH GARDENS FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Samuel Rodriguez
 SAMUEL RODRIGUEZ

3/27/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #