

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90073 012 ***150.00

DOCUMENT # L85357

1. Entity Name
A & J USED APPLIANCES CORPORATION

Principal Place of Business

3111 NW 7 AVE
MIAMI FL 33127
US

Mailing Address

3111 NW 7 AVE
MIAMI FL 33127
US

2. Principal Place of Business

3111 NW 7 ave
 Suite, Apt. #, etc.

3. Mailing Address

3111 NW 7 ave
 Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0221455

Applied For

Not Applicable

Zip

Country

33127

Dade

Zip

Country

33127

Dade

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, ANTONIO
190 E. 47TH ST
MIAMI FL 33013

7. Name and Address of New Registered Agent

Name **Javier Valdes**
Street Address (P.O. Box Number is Not Acceptable)
760 E 9 Ln
City **Hialeah FL** **FL** **Zip Code** **33010**

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, 2002 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

TITLE **PD** ☒ **Delete**
NAME **QUINONES, MIQUEL**
STREET ADDRESS **12864 SW 36TH ST**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **SD** ☒ **Delete**
NAME **SUAREZ, ANTONIO**
STREET ADDRESS **190 E. 47TH ST**
CITY-ST-ZIP **MIAMI FL 33013**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Javier Valdes** ☒ **Change** ☐ **Addition**
NAME **President**
STREET ADDRESS **720 E 9 Ln**
CITY-ST-ZIP **Hialeah Fla. 33127**

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

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

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 #

Javier Valdes - President **4/9/02** **(305) 238-0622**

CR2E034 (9/01)