FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001354

1. Entity Name

A-1 MASTER AUTO TECH SCHOOL, INC.

FILED

02 MAY -3 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business	3. Mailing Address
5951 NW 151 St Bay 42	5951 NW 151 St Bat 42
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Miami Lakes FL 33014	Miami Lakes FL 33014
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0987322 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable)
343 Almeria Avenue
Corsl Gables FL 33134

City **FL** Zip Code

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE	PSTD
NAME	Puig, William D.
STREET ADDRESS	5951 NW 151 St
CITY-ST-ZIP	Miami Lakes FL 33014
TITLE	D
NAME	Puig, Ernesto D.
STREET ADDRESS	5951 NW 151 St
CITY-ST-ZIP	Miami Lakes FL 33014
TITLE	D
NAME	Puig, William A.
STREET ADDRESS	5951 NW 151 St
CITY-ST-ZIP	Miami Lakes FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE	500005491175--0
NAME	-05/08/02--01021--007
STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ (305) 621-2297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #