

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90178 036 ***550.00

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DOCUMENT # P00000080516

1. Entity Name

ADVANCED MUFFLER & BRAKE, INC.



Principal Place of Business

**1017 SO. DIXIE HIGHWAY
LAKE WORTH FL 33460**

Mailing Address

**1017 SO. DIXIE HIGHWAY
LAKE WORTH FL 33460**

2. Principal Place of Business

30 So. Federal Hwy.

3. Mailing Address

30 So. Federal Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WORTH FL.

City & State

LAKE WORTH FL.

Zip

33460

Country

PAIm Bch.

Zip

33460

Country

PAIm Bch.

4. FEI Number

65-1033912

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MIELE, DONALD B
1017 SO. DIXIE HIGHWAY
LAKE WORTH FL 33460**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MIELE, DONALD B**
STREET ADDRESS **823 SHORE DR**
CITY-ST-ZIP **BOYNTON BCH FL 33435**

TITLE **D** ☐ Delete
NAME **MIELE, ANN M**
STREET ADDRESS **823 SHORE DR**
CITY-ST-ZIP **BOYNTON BCH FL 33435**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald B Miele
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/03
Date

561-585-5505
Daytime Phone #

CR2E034 (4/03)