

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90191 023 ***150.00

DOCUMENT # P00000083982

1. Entity Name

AUTO ELECTRONIC REBUILDING, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18724 SW 16TH STREET

3. Mailing Address

18724 SW 16TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

4. FEI Number

65-1036868

Applied For

Not Applicable

Zip

33029

Country

USA

Zip

33029

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **GUALBERTO PEREZ**

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

18724 SW 16TH STREET

City

PEMBROKE PINES

FL

Zip Code

33023

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

GUALBERTO PEREZ

5-19-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP
P	GUALBERTO PEREZ	18724 SW 16TH STREET	PEMBROKE PINES, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUALBERTO PEREZ

Date

5-19-03

954-423-7253
Daytime Phone #

CR2E034B (12/02)