

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

DOCUMENT # P00000086305

1. Entity Name

B & L AUTO CONNECTION INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
9696 NW 7TH AVE

3. Mailing Address  
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI, FL

City & State

Zip  
33150

Country  
MIAMI, DADE

Zip

Country

4. FEI Number  
65-1038484

Applied For  
Not Applicable

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  
RICARDO DOMINGUEZ

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

9696 NW 7TH AVE

City  
MIAMI, FL

FL

Zip Code  
33150

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 RICARDO DOMINGUEZ - PRESIDENT

11-16-02

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

(NOTE: Registered Agent signature required when changing)

DATE

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	<b>PRESIDENT</b> <b>RICARDO DOMINGUEZ</b> <b>9696 NW 7TH AVE MIAMI, FL 33150</b>
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100009088541  
11/19/02--01072--012 \*\*\$50.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

111602

305-696-2440

Date

Daytime Phone #

FILED

02 NOV 19 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 02

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)