

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90159 008 ***150.00

DOCUMENT # P01000032352

1. Entity Name
AUTO A/C EXPERTS, INC.

Principal Place of Business

~~2650 NE 52ND STREET~~
~~LIGHTHOUSE POINT FL 33064-7052~~
12288 AREACA DR.
WEST PALM BEACH FL 33414

Mailing Address

~~2650 NE 52ND STREET~~
~~LIGHTHOUSE POINT FL 33064-7052~~
12288 AREACA DR.
WEST PALM BEACH FL 33414

2. Principal Place of Business

12288 AREACA DR.
 Suite, Apt. #, etc.

3. Mailing Address

12288 AREACA DR.
 Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

City & State

WEST PALM BEACH FL

Zip
33414

Country
USA

Zip
33414

Country
USA

4. FEI Number

65-1087685

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~WILLIAMS, STEPHEN G~~
~~2650 NE 52ND STREET~~
~~LIGHTHOUSE POINT FL 33064-7052~~

Igor Gerstein
12288 AREACA DR.

7. Name and Address of New Registered Agent

Name
IGOR GERSTEIN

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

12288 AREACA DR

City **WEST PALM BEACH** **FL** **Zip Code** **33414**

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 **DPTS** ☐ Delete
NAME **GERSTEIN, IGOR**
STREET ADDRESS **12288 AREACA DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33414**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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

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

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

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

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 REQUIRED**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

IGOR GERSTEIN, PRESIDENT

4-09-02 (56) 714-4400

Date

Daytime Phone #

CR2E034 (9/01)