

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90159 033 ***150.00

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DOCUMENT # P01000039414

1. Entity Name

A E R AUTO REPAIR CENTER, INC.



Principal Place of Business

Mailing Address

**5308 NW 35TH AVE
MIAMI FL 33142**

**5308 NW 35TH AVE
MIAMI FL 33142**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1095705

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

7. Name and Address of New Registered Agent

**DEL CARMEN CACERES, SILVIA
5308 NW 35TH AVE
MIAMI FL 33142**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PSTD
DEL CARMEN CACERES, SILVIA
10002 NW 31ST COURT
MIAMI FL 33147**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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CITY-ST-ZIP

☐ Change

☐ Addition

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:

Del Carmen Caceres P. 9/10/03 (305) 638-9003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment

80148418
#PD010000392/14

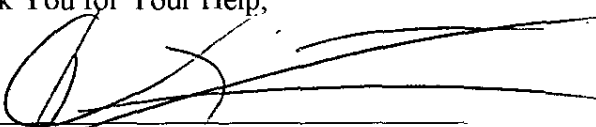
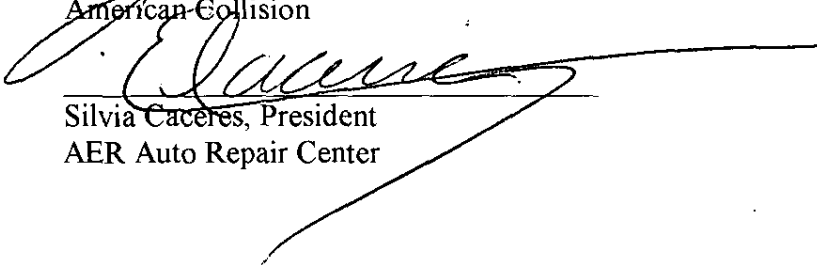
To: Florida Dept. of State

From: American Collision, AER Auto Repair Center

Ref: 2003 UBR

I am writing this letter to ask that you eliminate the penalty for renewing my two corporations. The UBRs attached are the first documents I have received from you guys all year. Please take into consideration that I have not previously received the document and accept my payment of 150.00 for the original. I ask that you please realize that I have never been late on these payments before and have been extremely busy barely keeping these two businesses open. Please make whatever changes are necessary.

Thank You for Your Help,


Guillermo Caceres, President
American Collision
Silvia Caceres, President
AER Auto Repair Center