

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90062 040 ***150.00

DOCUMENT # P01000066171

1. Entity Name

AAA AUTO SERVICE & A/C, INC.

Principal Place of Business

**2690 S. STATE ROAD 7 (441)
 MIRAMAR FL 33023**

Mailing Address

**2690 S. STATE ROAD 7 (441)
 MIRAMAR FL 33023**

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

65-1118471

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**LEOPOLD, KORN & LEOPOLD, P.A.
 20801 BISCAYNE BLVD.
 SUITE 501
 AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name **NO, CHUL SU**
 Street Address (P.O. Box Number is Not Acceptable)
1470 S.W. 101 TERR, #4-304
 City **PEMBROKE PINES** FL Zip Code **33025**

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)

April 12 - 2002

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
 NAME **D SARI, NENA**
 STREET ADDRESS **2690 S. STATE ROAD 7 (441)**
 CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE ☐ Change ☒ Addition
 NAME **PDS**
 STREET ADDRESS **NO, CHUL SU**
 CITY-ST-ZIP **1470 S.W. 101 TER, 4-304**
PEMBROKE PINES FL 33025

TITLE ☒ Delete
 NAME **D MIZRACHI, YEHUDA**
 STREET ADDRESS **1900 N.E. 211TH TERRACE**
 CITY-ST-ZIP **NO. MIAMI BEACH FL 33179**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 12 - 2002
 Date
 Daytime Phone # **954-843-0843**

CR2E034 (9/01)