

2002 UNIFORM BUSINESS REPORT (UBR)

07-25-2002 P0049 012 ***150.00
P01000070641

DOCUMENT # P01000070641

1. Entity Name
A:J.R. AUTO FINANCE, CORP

02 JUL -2 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4265 EAST 8TH AVE
HIALEAH, FL. 33013

Mailing Address
4265 EAST 8TH AVE
HIALEAH, FL. 33013

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

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOLINA, JULIO
4265 EAST 8TH AVE
HIALEAH, FL. 33013

Name
ALEIDA RODRIGUEZ

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

4265 EAST 8TH AVE

City
HIALEAH

FL

Zip Code
33013

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

ALEIDA RODRIGUEZ

DATE
06/26/02

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Millian, Olaya
4265 EAST 8TH AVE
HIALEAH, FL. 33013 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALEIDA RODRIGUEZ
4265 EAST 8TH AVE.
HIALEAH, FL. 33013 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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: *Aleida Rodriguez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEIDA RODRIGUEZ

Date

Daytime Phone #

CR2E034 (9/99)