

FILED
Jun 11, 2003 8:00 am
Secretary of State

06-11-2003 90063 022 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000070641

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

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

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

90139229

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

85-1129587

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, ALEIDA
4265 EAST 8TH AVE.
HIALEAH, FL 33013

7. Name and Address of New Registered Agent

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's signature required when instituting)

DATE

FILE NO. 0001, FEE \$150.00
PAY TO: SECRETARY OF STATE, 1000 BANKERS BUILDING, TALLAHASSEE, FL 32399-0001
OR: 1000 BANKERS BUILDING, TALLAHASSEE, FL 32399-0001

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	<input type="checkbox"/> Delete
	RODRIGUEZ, ALEIDA	4265 EAST 8TH AVE.	HIALEAH, FL 33013	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> 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 file 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 corporate powers.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

6/6/03 (745) 578-5780

CR2E034 (10/02)

Attachment
90139229
801 0000 70641

June 7, 2003

Uniform Business Report
Division of Corporation
P.O. Box 1500
Tallahassee, Florida 32302-1500

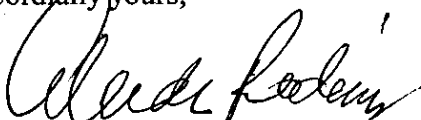
REF: Doc. # P01000070641

Dear Sir:

We are very sorry because we were unable to paid on time the Uniform Business Report due to we never found such report in our office and our former accountant did not provided us with it. However we got the report form from Internet and we immediately are sending a check of \$150.00 to pay the report.

We would greatly appreciate your help and understanding of this matter, because we want the company be activated.

Cordially yours,


ALEIDA RODRIGUEZ