## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 14, 2002 8:00 am § Secretary of State DOCUMENT # P01000073425 1. Entity Name 05-14-2002 90067 007 \*\*\*150.00 PABLO AUTO ELECTRIC JR., INC. Principal Place of Business Mailing Address 7107 W 4TH WAY 7107 W 4TH WAY HIALEAH FL 33014 HIALEAH FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-009207 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name HERNANDEZ, JUAN ANTONIO Street Address (P.O. Box Number is Not Acceptable) 7107 W 4TH WAY HIALEAH FL 33014 City 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. Mondes SIGNATURE egistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to saxisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition NAME HERNANDEZ, JUAN ANTONIO NAME STREET ADDRESS 7107 W 4TH WAY STREET ADDRESS CITY-ST-7IP HIALEAH FL 33014 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME HERNANDEZ, AWILDA NAME STREET ADDRESS 7107 W 4TH WAY STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33014 CITY-ST-ZIP TITLE TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 further exemptions are 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.