

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000079332

1. Entity Name

A.E. SERVICE REPAIR CORP.

FILED

02 OCT 24 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

80131256



DO NOT WRITE IN THIS SPACE

Principal Place of Business
6220 S.W. 6TH STREET
MIAMI FL 33144Mailing Address
6220 S.W. 6TH STREET
MIAMI FL 33144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FE Number

1195331

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESTOPINAN, ARMANDO
6220 S.W. 6TH STREET
MIAMI FL 33144

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/18/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME ESTOPINAN, ARMANDO
STREET ADDRESS 6220 S.W. 6TH STREET
CITY- ST- ZIP MIAMI FL 33144TITLE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME Estopinan, Armando
STREET ADDRESS 6220 Tamiami Canal Rd.
CITY- ST- ZIP Miami - FL 33126TITLE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE
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 all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

7/18/02 305-335-0614
7/10/15/02

A. E. Service Repair Corp.

**6281 Tamiami Canal Road
Miami, FL 33126**

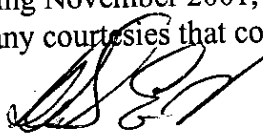
October 1, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: A.E. Service Repair Corp.
#P01000079322

Dear Sirs:

I mailed my annual renewal fee of \$150.00. Due to the fact that I had a change of address during November 2001, I did not receive your original renewal notice. I would appreciate any courtesies that could be extended in regards to the penalty fees.

Sincerely, 

Armando Estupinan
A.E. Service Repair Corp.
(305) 335-0644