

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90084 014 ***150.00

DOCUMENT # P01000084260

1. Entity Name
AUTO TALVOT CORP

Principal Place of Business

**8322 NW 56 ST
 MIAMI FL 33166**

Mailing Address

**8322 NW 56 ST
 MIAMI FL 33166**

2. Principal Place of Business

8322 NW 56 ST

3. Mailing Address

15395 SW 144 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami - Florida

City & State

Miami - Florida

Zip

33166

Country

Dade

Zip

33177

Country

Dade

4. FEI Number

6

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESTELLER, CARLOS

**8322 NW 56 ST
 MIAMI FL 33166**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE **P**
 NAME **ESTELLER, CARLOS**
 STREET ADDRESS **8322 NW 56 ST**
 CITY-ST-ZIP **MIAMI FL 33166**

☐ Delete

TITLE **V**
 NAME **VERA, EDITH**
 STREET ADDRESS **8322 NW 56 ST**
 CITY-ST-ZIP **MIAMI FL 33166**

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
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 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 title empowered.

SIGNATURE: *Carlos Esteller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)