2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P0100088867 1. Entity Name AAA MOTORS, INC.					Jan 21, 2002 8:00 am Secretary of State 01-21-2002 90010 028 ***150.00			
Principal Place 1085 W 66 ST HIALEAH FL 3		Mailing Address 1085 W 66 STREET HIALEAH FL 33012						
2. Principal Place of Business 4885 East 10 Ave. 3. Mailing Address 4885 Eqst Suite, Apt. #, etc. Suite, Apt. #, etc.			10 Ave.		I THIS SPACE			
City & Stat	eah, FL.	City & State Hialeah, F	- L.	4. F6	El Number 65-11379	93 No	oplied For ot Applicable	
330	6. Name and Address of Current Re	330/3	Country J.S.A.		ertificate of Status Desired [\$8.75 Add Fee Require		
ALVAREZ, 1085 W 60 HIALEAH I	JESUS 6 STREET	gisiereu Agent	Name Address City L	Vure s (P.O. Bo 85	Z, JESUS ox Nyrober is Not Acceptable) Fast	ve.	e	
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 Signat								
Tax filing requirement and elects to do so. After May 1, 2002			FEE IS \$150.00 Fee will be \$550.00 to Department of State		10. Election Campaign Financ Trust Fund Contribution.		May Be I to Fees	
11.	OFFICERS AND DI		12.	ADE	DITIONS/CHANGES TO OFFICER			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, JESUS 1085 W 66 STREET HIALEAH FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	/D Ivare 185 E ialea	2, Jesus ast 10 Ave. h. FL. 33013	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALVAREZ, MARIA D 1085 W 66 STREET HIALEAH FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP) Vare 85 E. iulleuh	Maria D. ast 10 Ave. FL. 33013 S. Alberto ast 10 Ave.	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vulde 885 E	s Alberto Last 10 Ave. L, FL. 33013	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Committee of the commit	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-) 	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated	certify that the information supplied with the on this report or supplemental report is true to report is true or trustee empower, or on an attachment with an address, with	ue and accurate and that my s	signature shall have th	ne same le	gal effect as if made under oath;	that I am an officer	or director	