

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/13

FILED
Feb 10, 2003 8:00 am
Secretary of State

01-13-2003 90694 028 ***150.00

DOCUMENT # P01000097466

1. Entity Name
MIAMI AUTOTRONIC AND SPEED WORLD, INC.



Principal Place of Business
**2025 W 62TH ST
HALEAH FL 33016**

Mailing Address
**1083 SW 142ND PL
MIAMI FL 33184**



2. Principal Place of Business
SAME AS ABOVE

3. Mailing Address
11420 S.W. 28th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
65-1141788

Applied For
☐ Not Applicable

Zip Country

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALLADIN, SAM
1083 SW 142ND PL
MIAMI FL 33184**

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 signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 **PS** ☐ Delete
NAME **ALLADIN, FAIZUL**
STREET ADDRESS **1083 SW 142ND PL**
CITY-ST-ZIP **MIAMI FL 33184**

TITLE **PRESIDENT** ☐ Change ☐ Addition
NAME **FAIZUL ALLADIN**
STREET ADDRESS **1083 S.W. 142nd Place**
CITY-ST-ZIP **MIAMI FL 33184**

TITLE **S** ☐ Delete
NAME **ALLADIN, BIBI**
STREET ADDRESS **11420 SW 28TH ST**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **BIBI ALLADIN** ☐ Change ☐ Addition
NAME **11420 S.W.**
STREET ADDRESS **28 STREET MIAMI FL 33165**
CITY-ST-ZIP **SECRETARY**

TITLE **T** ☐ Delete
NAME **ALLADIN, SAM**
STREET ADDRESS **11420 SW 28TH ST**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **SAM ALLADIN** ☐ Change ☐ Addition
NAME **VICE-PRES.**
STREET ADDRESS **11420 S.W. 28 ST MIAMI FL 33165**
CITY-ST-ZIP

TITLE **VT** ☒ Delete
NAME **BELLO, JUDITH**
STREET ADDRESS **1083 SW 142ND PL**
CITY-ST-ZIP **MIAMI FL 33184**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SHENEZA ALLADIN** ☐ Delete
NAME **11420 S.W. 28 Street MIAMI**
STREET ADDRESS **FL 33165**
CITY-ST-ZIP

TITLE **SHENEZA ALLADIN** ☐ Change ☐ Addition
NAME **11420 S.W. 28 ST MIAMI FL 33165**
STREET ADDRESS **OFFICER-TREASURER**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 execute 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 other like empowered.

SIGNATURE: **Sam Alladin** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-03 305-828-6600

Date

Daytime Phone #

CR2E034 (10/02)