2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000059734

1. Entity Name

MIAMI AUTOTECH CORP.



FILED Mar 19, 2003 8:00 am § Secretary of State

03-19-2003 90088 010 ***150.00

Zip Country Zip Country S. Certificate of Status Desired Agent Status Desired Address (P.O. Box Number is Not Acceptable) Name	9090 NW SO UNIT 12	ace of Business									
2. Principal Piace of Business 3. Milling Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Country Country Country Country Country S. Certificate of Status Desired \$8.75 Additional Fee Required Fee Requir			9090 U n it	NW SOUTH RIVER	DR.						
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country S. Cartificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VALDES, DANILO C 18700 NW 83 AVE. MIAMI FL 33015 City FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) FLE NOWITI FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NAME VALDES, DANILO 1811 WS SOUTH RIVER DR. LOT B 232 CITY-51-2P MEDILEY FL 33166 Delete TILE NAME STREET ADDRESS CITY-51-2P TILE NAME STREET ADDRESS C	-										
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatic 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 direct of the corporation or the receiver or trueted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with on this report or supplemental report.	h this filling c	Delete Delete Delete	STREET ADDRI CITY-ST-ZIP TITLE NAME STREET ADDRI CITY-ST-ZIP THE ORDER TO THE ORDER CITY-ST-ZIP THE ORDER TO THE ORDER TO THE ORDER THE ORDER TO THE ORDER TO THE ORDER TO THE ORDER THE ORDER TO THE ORDER	SS	ion 119.07(3)(i)	Florida Statutes. I	Turther certify	Change Change Change	Addition Addition Addition

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