

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 AUG 18 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000100986	
1. Entity Name CARRILLOS AUTO ELECTRIC INC	

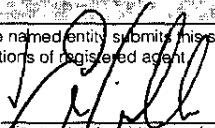
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4719 SEA OATS CIRCLE	3. Mailing Address 4719 SEA OATS CIRCLE
Suite, Apt. #, etc. APT 105	Suite, Apt. #, etc. APT 105
City & State WEST PALM BEACH, FL	City & State WEST PALM BEACH, FL
Zip 33417	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 16-1624695	Applied For ☐
	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent	
	Name ERIC CARRILLO	
Street Address (P.O. Box Number is Not Acceptable) 4719 SEA OATS CIRCLE		
City WEST PALM BEACH FL		Zip Code 33416

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  (NOTE: Registered Agent signature required when reinstating) DATE

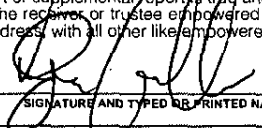
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE PID	NAME ERIC CARRILLO	TITLE 200022371032	NAME 08/18/03-01022-009 **550.00
STREET ADDRESS 4719 SEA OATS CIRCLE APT 105	CITY-ST-ZIP WEST PALM BEACH, FL 33417	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
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TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address with all other like empowered.

SIGNATURE:  **ERIC CARRILLO** 7-16-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)