

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 22, 2001 8:00 am
Secretary of State

06-22-2001 90219 004 ***550.00

DOCUMENT # **P94000034186**

1. Entity Name

A & V-AUTO SERVICES CORP.

Principal Place of Business

Mailing Address

13995 NW 19TH AVE.

13995 NW 19TH AVE

OPA LOCKA, FL 33054-4109

OPA LOCKA, FL 33054

00058447

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0487924

Applied For

Not Applicable

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

VIDAL RIOS

13995 NW 19TH AVE.

OPA LOCKA, FL 33054-4109

Name

LUIS A. CARDENAS JR.

Street Address (P.O. Box Number is Not Acceptable)

14357 SW 97TH LANE

City

MIAMI

FL

Zip Code

33186

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

Luis A Cardenas Jr.
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5-30-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D P** ☒ Delete
NAME **VIDAL RIOS**
STREET ADDRESS **13995 NW 19TH AVE.**
CITY-ST-ZIP **OPA LOCKA, FL 33054**

TITLE **D P S** ☒ Change ☒ Addition
NAME **LUIS A. CARDENAS, JR.**
STREET ADDRESS **14357 SW 97TH LANE**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **D VP SEC TREAS** ☒ Delete
NAME **ADA I. FELICIANO**
STREET ADDRESS **13995 NW 19TH AVE.**
CITY-ST-ZIP **OPA LOCKA, FL 33054**

☐ 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
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
TITLE
NAME
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 like empowered.

SIGNATURE:

Luis A Cardenas Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-30-01 (305) 383-9867