

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000052684

1. Entity Name

THE AUTOMOBILE AUTHORITY A.B.C. AMERICAN BOLIVIA CORPORATION

FILED

Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90127 010 ***150.00

Principal Place of Business

117 NORTH EL TERRACE
HOLLYWOOD FL 33024

Mailing Address

P O BOX 3173
HOLLYWOOD FL 33022
US

2. Principal Place of Business

5340 PEMBROKE RD.

3. Mailing Address

P.O. BOX 3173

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL.

City & State

HOLLYWOOD, FL.

Zip

33024

Country

BROWARD.

Zip

33022

Country

BROWARD.

6. Name and Address of Current Registered Agent

RODRIGUEZ, GILBERTO
1928 JEFFERSON ST
SUITE 2
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

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.

SIGNATURE GILBERTO RODRIGUEZ

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-7-00

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, 2000 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

TITLE VPD
NAME RODRIGUEZ, WILLY
STREET ADDRESS 1928 JEFFERSON ST SUITE 2
CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Delete

TITLE PD
NAME RODRIGUEZ, GILBERTO
STREET ADDRESS 1928 JEFFERSON ST., SUITE 2
CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-00 (954) 929-3333

CR2E034 (9/99)