FILED

2002 Uniform Business Report (UBR)

Apr 01, 2002 8:00 am Secretary of State P95000018192 DOCUMENT # 1. Entity Name 04-01-2002 90670 030 ***150.00 AAA NATIONAL AUTO SALES, INC. Principal Place of Business Mailing Address 1160 SW 27TH AVENUE 1160 S.W. 27TH AVE. FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number City & State 65-0580461 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KENNEY, CHARLES O. Box Number is Not Acceptable) SW 1160 S.W. 27TH AVE. FT. LAUDERDALE FL'33312 ts registered office or registered agent, or both, in the State of Florida. ntity submits this statement for the pur 8. The above named of ose of E: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Bé Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (9/01) Addition DP TITLE TITLE ☐ Delete KENNEY, CHARLES NAME BARBARR Kilauderdale NAME STREET ADDRESS 1160 S.W. 27TH AVE. STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP TITLE Change ☐ Addition Delete KENNEY LESLIË B NAME NAME STREET ADDRESS STREET ADDRESS 3101 S.W. 16TH ST CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE VÄHESÄY R ET COOTS Change ☐ Addition ☐ Delete TITLE NAME & 1. Shade Control NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 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.