

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jul 05, 2000 8:00 am
Secretary of State

06-12-2000 90001 040 ***158.75

DOCUMENT # **P95000043587**

Entity Name **A.C. Machine SHOP**

Principal Place of Business **266 W 23rd St Hialeah, FL 33010**

Mailing Address **266 W 23rd St Hialeah, FL 33010**

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0601939**

Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Lazarus FOX 18920 N.W. 8 Ave Miami, FL 33169		Name Lazarus FOX Street Address (P.O. Box Number is Not Acceptable) 18920 N.W. 8 Ave City Miami FL Zip Code 33169	

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 **Lazarus FOX (Owner/Operator)** *Lazarus FOX* DATE **5-31-00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President NAME James Givens STREET ADDRESS 266 W 23rd St CITY-ST-ZIP Hialeah, FL 33010 <input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE President NAME Lazarus FOX STREET ADDRESS 18920 N.W. 8 Ave CITY-ST-ZIP Miami, FL 33169		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Lazarus FOX* DATE **5-31-00** DAYTIME PHONE # **(305) 887-0965**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)