

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91462 027 ***158.75

DOCUMENT # P95000076696

1. Entity Name

AUTOMATIC INDUSTRIES OF MIAMI, INC.



Principal Place of Business

**4612 EAST 10TH COURT
HIALEAH FL 33013**

Mailing Address

**4612 EAST 10TH COURT
HIALEAH FL 33013**

2. Principal Place of Business

3. Mailing Address

7821 WEST 14 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH, FL

Zip

Country

Zip

Country

33014 U.S.A.

4. FEI Number

65-0613206

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ALFONSO, RAINOL MR
727 EAST 41 STREET
HIALEAH FL 33013**

7. Name and Address of New Registered Agent

Name

ALFONSO, RAINOL

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

7821 WEST 14 COURT

City

HIALEAH

FL

Zip Code

33014

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

RAINOL ALFONSO

4-23-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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	P	<input type="checkbox"/> Delete
NAME	ALFONSO, RAINOL MR	
STREET ADDRESS	727 EAST 41 STREET	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ALFONSO, MAYRA MRS	
STREET ADDRESS	727 EAST 41 STREET	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAINOL ALFONSO	
STREET ADDRESS	7821 WEST 14 COURT	
CITY-ST-ZIP	HIALEAH, FL 33014	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYRA ALFONSO	
STREET ADDRESS	7821 WEST 14 COURT	
CITY-ST-ZIP	HIALEAH, FL 33014	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RAINOL ALFONSO

4-23-03

**305
685-5115**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)