

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000035841

1. Entity Name
A & G AUTO EXCHANGE, INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90022 003 ***150.00

Principal Place of Business
2050 N.E. 155TH STREET
NORTH MIAMI BEACH FL 33162
US

Mailing Address
2050 N.E. 155TH STREET
NORTH MIAMI BEACH FL 33162
US

2. Principal Place of Business
1970 NE 153 St
Suite, Apt. #, etc.
Suite 3

3. Mailing Address
1970 NE 153 St
Suite, Apt. #, etc.
Suite 3

City & State
North Miami Beach FL
Zip
33162 Country
Flade

City & State
North Miami Beach FL
Zip
33162 Country
Flade



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0665763**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDEZ, CRISTINA P
1365 STILLWATER DRIVE
MIAMI BEACH FL 33141

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE
NAME **PSTD MAURY, ARMANDO** ☐ Delete
STREET ADDRESS **8855 COLLINS AVENUE, APT. #7 G SURFSIDE**
CITY-ST-ZIP **MIAMI BEACH FL 33154**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **PSTD Maury Armando** ☒ Change ☐ Addition
STREET ADDRESS **9380 Bay Drive**
CITY-ST-ZIP **Surfside FL 33154**

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-2001 305-865-9696

CR2E034 (10/00)