

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**

08-11-2003 90280 041 \*\*\*150.00

DOCUMENT # P96000078282

1. Entity Name  
B & A AUTOMOTIVE ENTERPRISES, INC.



Principal Place of Business  
430 S. DIXIE HWY.  
CORAL GABLES FL 33146

Mailing Address  
430 S. DIXIE HWY.  
CORAL GABLES FL 33146

*Moved*

10110809

2. Principal Place of Business  
10460 SW 186th St  
Suite, Apt. #, etc.

3. Mailing Address  
10460 SW 186th St  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
Miami - Fla

City & State  
Miami - Fla

4. FEI Number 65-0704834

Applied For  
Not Applicable

Zip 33157 Country USA

Zip 33157 Country USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AZADI, BEHNAM  
430 S. DIXIE HWY.  
CORAL GABLES FL 33146

Name Behnam Azadi  
Street Address (P.O. Box Number is Not Acceptable)  
10460 SW 186th Street  
City Miami FL Zip Code 33157

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

(NOTE: Registered Agent signature required when reinstating)

DATE 2-24-03

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$350.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input type="checkbox"/> Delete
NAME	AZADI, BEHNAM	
STREET ADDRESS	430 S. DIXIE HWY.	
CITY-ST-ZIP	CORAL GABLES FL 33146	
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		
TITLE		<input type="checkbox"/> Delete
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		
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 *[Signature]*

SIGNATURE REQUIRED Pres

2-24-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)



Attachment#

10110809

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

March 7, 2003

B & A AUTOMOTIVE ENTERPRISES, INC.  
430 S. DIXIE HWY.  
CORAL GABLES, FL 33146

old address →  
was received by  
taxpayer on 1-29-03  
See copy of original  
check sent ck# 1416

Subject: B & A AUTOMOTIVE ENTERPRISES, INC.

Reference Number: **P96000078282**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please note the money amounts differ on the check. The numeric and written amounts must be the same. Please send a corrected check for the proper amount.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/RH

ANNUAL REPORTS SECTION

\* Please apply replacement check -  
New address is 10460 SW 186<sup>th</sup> Street  
Miami, Fla 33157