

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90192 017 ***150.00

DOCUMENT # P96000098054

1. Entity Name
A-1 MACHINE SHOP INC.



Principal Place of Business
**1848 NW 22 ST.
MIAMI FL 33142**

Mailing Address
**1848 NW 22 ST.
MIAMI FL 33142**

2. Principal Place of Business
**2222 NW 22ND CT
Suite, Apt. #, etc.**

3. Mailing Address
**2222 NW 22ND CT
Suite, Apt. #, etc.**



☐ CHECK HERE IF MAKING CHANGES

City & State
Miami, FL

City & State
Miami, FL

4. FEE Number
65-0714281

Applied For
☐ Not Applicable

Zip
33142

Country

Zip
33142

Country

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

**LAZARO, FIGUEROA
5100 SW 127TH PLACE
MIAMI FL 33175**

Name
LAZARO, FIGUEROA
Street Address (P.O. Box Number is Not Acceptable)
18752 NW 84 PL

City
HIALEAH GARDEN FL Zip Code
33015

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **FIGUEROA, LAZARO**
STREET ADDRESS **1948 NW 22 ST**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **18752 NW 84 PL**
CITY-ST-ZIP **HIALEAH GARDEN, FL 33015**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: **LAZARO, FIGUEROA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/03 (305) 547-2421
Date Daytime Phone #

CR2E034 (10/02)