

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90097 025 ***150.00

DOCUMENT # P97000050179

1. Entity Name

~~A.J.'S AUTO & TRUCK, INC.~~ *Rite Radiator and Air Conditioning Inc.*

Principal Place of Business

Mailing Address

~~11900 WILES RD~~ *4929 NW 82 Terr*
 CORAL SPRINGS FL 33067 ~~11900 WILES RD~~ *4929 NW 82 Terr*
 CORAL SPRINGS FL 33076-2215

2. Principal Place of Business

3. Mailing Address

4929 NW *4929 NW 82 Terr*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State
Coral Springs Fla

City & State
Coral Springs FL

4. FEI Number *65-0759020*

Applied For
 Not Applicable

Zip *33067* Country *Broward*

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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

SYLVIA, BRIAN
 11900 WILES RD
 CORAL SPRINGS FL 33067

Name *Brian Silvia*
 Street Address (P.O. Box Number is Not Acceptable)
4929 NW 82 Terrace
 City *Coral Springs* FL Zip Code *33067*

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

4-17-00

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 *D* ☐ Delete
 NAME *SYLVIA, BRIAN*
 STREET ADDRESS *11900 WILES RD*
 CITY-ST-ZIP *CORAL SPRINGS FL 33067*

TITLE *D* ☒ Change ☐ Addition
 NAME *Brian Silvia*
 STREET ADDRESS *4929 NW 82 Terr.*
 CITY-ST-ZIP *Coral Springs FL.*

TITLE *D* ☐ Delete
 NAME *SYLVIA, CELESTE*
 STREET ADDRESS *11900 WILES RD*
 CITY-ST-ZIP *CORAL SPRINGS FL 33067*

TITLE *D* ☒ Change ☐ Addition
 NAME *Celeste Silvia*
 STREET ADDRESS *4929 NW 82 Terr.*
 CITY-ST-ZIP *Coral Springs, FL.*

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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: *X*

Celeste Silvia *Director*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-00

CR2E034 (9/99)