

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90161 008 ***150.00

DOCUMENT # P97000075992

1. Entity Name
ALL PRO TRANSMISSIONS INC.

Principal Place of Business

**214 MARGATE CT
 MARGATE FL 33063**

Mailing Address

**214 MARGATE CT
 MARGATE FL 33063**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
214 Margate ct.

3. Mailing Address
same

Suite, Apt. #, etc.
Bay 7

Suite, Apt. #, etc.

City & State
Margate FL

City & State

4. FEI Number **65-0778708**

Applied For
 Not Applicable

Zip Country
33063 U.S.A

Zip 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

**ANDRADE, JAIME R
 5705 MELALEUCA DRIVE
 TAMARAC FL 33319**

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 *Jaime Andrade President* DATE *4-19-02*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	P <input type="checkbox"/> Delete
NAME	ANDRADE, JAIME R
STREET ADDRESS	5705 MELALEUCA DRIVE
CITY-ST-ZIP	TAMARAC FL 33319
TITLE	<i>Treasurer</i> <input type="checkbox"/> Delete
NAME	<i>Andrade carmen S. 33319</i>
STREET ADDRESS	<i>5705 Melaleuca dr. Tamarac FL</i>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
NAME	
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jaime Andrade* DATE: *4-19-02* Daytime Phone #: *954 9736100*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)