

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90144 014 ***150.00

DOCUMENT # P97000103387

1. Entity Name
AUTO LINK OF SOUTH FLORIDA, INC.



Principal Place of Business
**10951 SW 42 PLACE
DAVIE FL 33328**

Mailing Address
**P O BOX 290117
DAVIE FL 33229-0117**

2. Principal Place of Business
10951 SW 42 PLACE

3. Mailing Address
PO Box 290117

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DAVIE, FL 33328

City & State
DAVIE, FL 33329

4. FEI Number
65-0800394

Applied For
Not Applicable

Zip
33328

Country
USA

Zip
33329

Country
USA

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

6. Name and Address of Current Registered Agent

**VAZ, PATRICK D PRES
10951 SW 42 PLACE
DAVIE FL 33328-2137**

7. Name and Address of New Registered Agent

Name **SAME**
Street Address (P.O. Box Number is Not Acceptable)
10951 SW 42 PLACE
City **DAVIE** **FL** Zip Code **33328**

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 _____

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

TITLE **PSTD** ☐ Delete
NAME **VAZ, PATRICK D**
STREET ADDRESS **PO BOX 290117**
CITY-ST-ZIP **DAVIE FL 33329-0117**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
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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 PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03 954-475-0184
Date Daytime Phone #

CR2E034 (10/02)