

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90357 047 \*\*\*150.00

**DOCUMENT # P98000003771**

1. Entity Name

**A & A AUTO SERVICE CENTER INC.**

Principal Place of Business

**1386 NW 65TH WAY, SUITE #38  
 PLANTATION FL 33313**

Mailing Address

**1386 NW 65TH WAY, SUITE #38  
 PLANTATION FL 33313**

2. Principal Place of Business

**2185 N. UNIVERSITY DR**

Suite, Apt. #, etc.

3. Mailing Address

**2185 N. UNIVERSITY DR**

Suite, Apt. #, etc.

City & State

**SUNRISE FL**

City & State

**SUNRISE FL**

4. FEI Number

**65-0807443**

Applied For

Not Applicable

Zip **33322**

Country **USA**

Zip **33322**

Country **USA**

5. Certificate of Status Desired ☐

**\$8.75** - Additional Fee Required

6. Name and Address of Current Registered Agent

**ALBERT, WAYNE A  
 1386 NW 65TH WAY, SUITE #38  
 PLANTATION FL 33313**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**2185 N. UNIVERSITY DR.**

City

**SUNRISE**

**FL**

Zip Code

**33322**

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

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, 2001 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

TITLE **D** ☐ Delete  
 NAME **ALBERT, WAYNE A**  
 STREET ADDRESS **1386 NW 65TH WAY, SUITE #38**  
 CITY-ST-ZIP **PLANTATION FL 33313**

TITLE **D** ☐ Delete  
 NAME **AGUILAR, CARLOS**  
 STREET ADDRESS **1386 NW 65TH WAY, SUITE #38**  
 CITY-ST-ZIP **PLANTATION FL 33313**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **2185 N. UNIVERSITY DR**  
 CITY-ST-ZIP **SUNRISE, FL 33322**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **2185 N. UNIVERSITY DR**  
 CITY-ST-ZIP **SUNRISE, FL 33322**

TITLE ☐ Change ☐ Addition  
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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: **Carlos Aguilar**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/20/01**  
 Date

**954 746 7621**  
 Daytime Phone #

0256187

CR2E034 (10/00)