

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016002

1. Entity Name

AUTOS, TRUCKS & EQUIPMENT, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90022 017 ***150.00

Principal Place of Business

10775 SW 188 ST
#4
MIAMI FL 33157

Mailing Address

14001 OLD CUTLER RD
MIAMI FL 33158-1342

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

10350 SW 220 ST #149

Suite, Apt. #, etc.

#149

City & State

City & State

Miami FL

FI

4. FEI Number

65-0813816

Applied For

Not Applicable

Zip

Country

Zip

33190

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

BARGER, VIVIAN
14001 OLD CUTLER RD
MIAMI FL 33158

Name

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

10775 SW 188 ST

#4

City

MIAMI

FL

Zip Code

33157

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, 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	<input type="checkbox"/> Delete
NAME	BARGER, VIVIAN	
STREET ADDRESS	14001 OLD CUTLER RD	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	10350 SW 220 ST #149	
CITY-ST-ZIP	MIAMI FL 33190	
TITLE	D P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALTER D BARGER	
STREET ADDRESS	10350 SW 220 ST #149	
CITY-ST-ZIP	MIAMI FL 33190	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/00

Date

Daytime Phone #

CR2E034 (9/99)