

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90026 050 ***150.00

DOCUMENT # P98000018065

1. Entity Name
SURTIDORA AUTOMOTRIZ INTERNATIONAL, INC.

Principal Place of Business

14550 SW 166TH TERRACE
MIAMI FL 33177

Mailing Address

14550 SW 166TH TERRACE
MIAMI FL 33177

2. Principal Place of Business

3035 N.W., 32ND AVE.
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 350026
 Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

65-0818312

Applied For

Not Applicable

Zip

33142

Country

USA

Zip

33135

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, EDUARDO A
14550 SOUTHWEST 166TH TERRACE
MIAMI FL 33177

7. Name and Address of New Registered Agent

Name
EDUARDO A. ALVAREZ
Street Address (P.O. Box Number is Not Acceptable)
11584 SW 112ND AVE.
City
MIAMI **FL** **Zip Code**
33176

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] **EDUARDO A. ALVAREZ**

11/12/2002

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALVAREZ, EDUARDO A	
STREET ADDRESS	14550 SOUTHWEST 166TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALVAREZ, SONIA A	
STREET ADDRESS	14550 SOUTHWEST 166TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALVAREZ, JACQUELINE R	
STREET ADDRESS	14550 SOUTHWEST 166TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33177	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	11584 SW 112 AVE.	
CITY-ST-ZIP	MIAMI Florida 33176	
TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	11584 SW 112 AVE.	
CITY-ST-ZIP	MIAMI Florida 33176	
TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	13620 SW 78 place	
CITY-ST-ZIP	MIAMI Florida 33158	
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] **EDUARDO A. ALVAREZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/2002 305-638-0821

Date Daytime Phone #

CR2E034 (9/01)