

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034121

1. Entity Name
AUTO-JOHN LEADER, INC.

Principal Place of Business

**4028 N.W. 24TH STREET
MIAMI FL 33142**

Mailing Address

**4028 N.W. 24TH STREET
MIAMI FL 33142**

2. Principal Place of Business

5301 NW 36 ST

3. Mailing Address

5301 NW 36 ST

Suite, Apt. #, etc.

Miami, Florida

Suite, Apt. #, etc.

Miami, Florida

City & State

City & State

Zip

33166

Country

USA

Zip

33166

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0831480**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BASTORI, ABELARDO
4028 N.W. 24TH STREET
MIAMI FL 33142**

7. Name and Address of New Registered Agent

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

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 ☐ Delete
NAME **D BASTORI, ABELARDO**
STREET ADDRESS **4028 N.W. 24TH STREET**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☒ Delete
NAME **D BASTORI, ROBERTO**
STREET ADDRESS **4028 N.W. 24TH STREET**
CITY-ST-ZIP **MIAMI FL 33142**

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 **D BASTORI; Abelardo**
STREET ADDRESS **5301 NW 36 ST**
CITY-ST-ZIP **Miami, FL 33166**

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

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

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

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Abelardo Bastori

Date

Daytime Phone #

1/12/01 (305) 871-1100

CR2E034 (10/00)

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