

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90323 033 ***550.00

DOCUMENT # P98000053246

1. Entity Name
SMART AUTO TRANSMISSION INC.

Principal Place of Business
 9092 N.W. SOUTH RIVER DR.
 #34
 MEDLEY FL 33178

Mailing Address
 9092 N.W. SOUTH RIVER DR.
 #34
 MEDLEY FL 33178



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9092 NW SOUTH RIVER DR

3. Mailing Address
9092 NW SOUTH RIVER DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

34

34

City & State
MEDLEY

City & State
MEDLEY

Zip
33178

Country
FL

Zip
33178

Country
FL

4. FEI Number **65-0843831**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, PAULINO
9092 N.W. SOUTH RIVER DR., #34
MEDLEY FL 33178

7. Name and Address of New Registered Agent

Name **Paulino Garcia**
 Street Address (P.O. Box Number is Not Acceptable)
3851 SW 147 AVE
BID # 3 UNIT 101
 City **MIAMI** **FL** Zip Code **33185**

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 **PAULINO GARCIA**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

07/16/2002
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **PTD** ☐ Delete
 NAME **GARCIA, PAULINO**
 STREET ADDRESS **9092 N.W. SOUTH RIVER DR.**
 CITY-ST-ZIP **MEDLEY FL 33178**

TITLE **VD** ☐ Delete
 NAME **MARTINEZ, LUIS H**
 STREET ADDRESS **9092 N.W. SOUTH RIVER DR.**
 CITY-ST-ZIP **MEDLEY FL 33178**

TITLE **SD** ☐ Delete
 NAME **SIMON, ANTONIO**
 STREET ADDRESS **9092 N.W. SOUTH RIVER DR.**
 CITY-ST-ZIP **MEDLEY FL 33178**

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
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
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 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 like empowered.

SIGNATURE: **PAULINO GARCIA**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/16/2002 **305 884 0409**
 Date Daytime Phone #

CR2E034 (4/02)