

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90041 011 ***150.00

DOCUMENT # P98000088434

1. Corporation Name

UNIVERSAL AFFAIRS AUTO., INC.



Principal Place of Business
**521 GREEN SPRING PH.
WEST PALM BEACH FL 33409**

Mailing Address
**521 GREEN SPRING PH.
WEST PALM BEACH FL 33409**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1998

4. FEI Number

650874073

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **1701 N MILITARY TRAIL**

2a. Mailing Address

26 **849 BLUE RIDGE CIR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **WEST PALM BEACH FL**

City & State

28 **WEST PALM BEACH FL**

Zip

24 **33409**

Country

25 **U.S.**

Zip

29 **33409**

Country

30 **U.S.**

9. Name and Address of Current Registered Agent

**TAULE, ALFREDO
%UNIVERSAL AUTO. SPECIALIST, INC.
9846 MILITARY TRAIL
BOYNTON BEACH FL 33436**

10. Name and Address of New Registered Agent

81 Name

JOSE A. SANTOS

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

1701 N. MILITARY TRAIL

83

84 City

WEST PALM BEACH FL

85 Zip Code

33409

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

JOSE A. SANTOS

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ DELETE
NAME **JOSE A. SANTOS**
STREET ADDRESS **849 BLUE RIDGE CIR**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **V. ASST** ☐ DELETE
NAME **MARIA E SOLORZANO**
STREET ADDRESS **849 BLUE RIDGE CIR**
CITY-ST-ZIP **WEST PALM B. FLORIDA 33409**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOSE A. SANTOS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01-30-99

Daytime Phone #

561-733-1566

CR2E034 (11/98)

0327072