

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097389

1. Entity Name

USA AUTO COMPRESSOR, INC.

Principal Place of Business

Mailing Address

~~901 NW 132 PLACE~~
~~MIAMI, FL. 33182~~

~~901 NW 112 PLACE~~
~~MIAMI, FL. 33182~~

2. Principal Place of Business

12446 SW 117 COURT

3. Mailing Address

12446 SW 117 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL. 33186

City & State

MIAMI, FL. 33186

Zip

Country

Zip

Country

4. FEI Number

65-0876471

Applied For

Not Applicable

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

CAPOTE, CARLOS N.

~~901 NW 132 PLACE~~
~~MIAMI, FL. 33182~~

Name

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

12446 SW 117 COURT

City

MIAMI

FL

Zip Code
33186

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]

3-21-00

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 PD ☐ Delete
NAME CAPOTE, CARLOS N.
STREET ADDRESS 901 NW 132 PLACE
CITY-ST-ZIP MIAMI, FL. 33182

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

TITLE VP ☐ Delete
NAME CAPOTE, CARIDAD
STREET ADDRESS 901 NW 132 PLACE
CITY-ST-ZIP MIAMI, FL. 33182

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

[Signature]

3-21-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90019 018 ***158.75

C0047883

DO NOT WRITE IN THIS SPACE