

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90879 033 ***150.00

DOCUMENT # **P98000107958**

1. Entity Name

AUTO TECH ELECTRIC & SUPPLIES, CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

117 N.W. 14TH ST.

3. Mailing Address

Suite, Apt. #, etc.,

Suite, Apt. #, etc.,

DO NOT WRITE IN THIS SPACE

City & State

POMPANO BEACH

City & State

4. FEI Number

65-0881556

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

FABRICIO DUTRA

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

3353 S.W. 1st ST.

City

DEERFIELD BEACH

FL

Zip Code

33442

**DO NOT WRITE
IN THIS SPACE**

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 ☒

FABRICIO DUTRA, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

04.29.02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSTD
FABRICIO DUTRA
SAME AS ABOVE.**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ISAIAS SERPA
DELETE**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FABRICIO DUTRA

04.29.02

Date

Daytime Phone #

954-784-9876

CR2E034B (12/01)