

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 12, 2002 8:00 am
Secretary of State

01-24-2002 90388 001 ***150.00
01-24-2002 90388 002 *****8.75

DOCUMENT # P99000018633

1. Entity Name

A-INTERNATIONAL AUTO CLINIC, CORP.

Principal Place of Business

**5730 JOHNSON ST.
HOLLYWOOD FL 33021**

Mailing Address

**5730 JOHNSON ST.
HOLLYWOOD FL 33021**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2152247

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ALVAREZ, LAZARO
5730 JOHNSON ST.
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name **ORTA, Ricardo**
Street Address (P.O. Box Number is Not Acceptable)
5730 JOHNSON ST
Hollywood
City **FL** Zip Code **33021**

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

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

Lazaro Alvarez
(NOTE: Registered Agent signature required when re-registering)

01-08-02
DATE

9. This corporation is eligible
Tax filing requirement and
(See criteria on back)

is its intangible
to do so. ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 NAME STREET ADDRESS CITY - ST - ZIP	DP ORTA, RICARDO 5730 JOHNSON ST. HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP ORTA, JULIO 5730 JOHNSON ST. HOLLYWOOD FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Lazaro Alvarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-08-02
Date

(954) 986-6867
(954) 468-6867
Daytime Phone #

CR2E034 (9/01)