

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 20, 2000 8:00 am**  
**Secretary of State**

05-20-2000 90002 009 \*\*\*150.00

**DOCUMENT # P99000036408**

1. Entity Name

**ALTIERI'S AUTO, INC.**

Principal Place of Business

Mailing Address

1877 OPA LOCKA BLVD.  
 OPA LOCKA FL 33054

1877 OPA LOCKA BLVD.  
 OPA LOCKA FL 33054-4223

00001401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*1877 OPA LOCKA Blvd*

3. Mailing Address

*1877 OPA LOCKA Blvd*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*OPA LOCKA FLORIDA*

City & State

*OPA LOCKA FLORIDA*

4. FEI Number

*65-0914588*

Applied For

Not Applicable

Zip

Country

*33054 USA*

Zip

Country

*33054 USA*

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

**ALTIERI, MARIE**  
**1877 OPA LOCKA BLVD.**  
**OPA LOCKA FL 33054**

Name

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

City

**FL**

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALTIERI, MARIE</b>	
STREET ADDRESS	<b>1877 OPA LOCKA BLVD.</b>	
CITY-ST-ZIP	<b>OPA LOCKA FL 33054</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Marie Linda Altieri*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)