

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90314 024 ***150.00

DOCUMENT # P99000053335



1. Entity Name
A & A AUTO SALES OF MIAMI, INC.

Principal Place of Business
**3520 WEST FLAGLER ST.
MIAMI FL 33135**

Mailing Address
**3520 WEST FLAGLER ST.
MIAMI FL 33135**

2. Principal Place of Business
705 NW 18 Place
Suite, Apt. #, etc.

3. Mailing Address
705 NW 18 Place
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Miami Florida

City & State
Miami Florida

4. FEI Number
65-0927203

Applied For
Not Applicable

Zip
33125
Country
U.S.A.

Zip
33125
Country
U.S.A.

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BATTLE, ADOLFO
1803 N.W. 1ST STREET
MIAMI FL 33125**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | BATTLE, ADOLFO | |
| STREET ADDRESS | 1803 NW 1ST ST. | |
| CITY-ST-ZIP | MIAMI FL 33125 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | BATTLE, MARIBEL | |
| STREET ADDRESS | 1803 NW 1ST ST. | |
| CITY-ST-ZIP | MIAMI FL 33125 | |
| TITLE | VSD | <input type="checkbox"/> Delete |
| NAME | BATTLE, MARIBEL | |
| STREET ADDRESS | 1803 NW 1ST ST | |
| CITY-ST-ZIP | MIAMI FL 33125 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE OF ADOLFO BATTLE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-24-03 (305) 631 8981
Date Daytime Phone #

CR2E034 (10/02)