

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P99000056190**

1. Entity Name  
A UNIQUE USED AUTO RECYCLING, INC.



Principal Place of Business  
1071 E. 52ND STREET  
HIALEAH, FL 33013

Mailing Address  
1071 E. 52ND STREET  
HIALEAH, FL 33013

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0938152 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

ROMAN, ALBERTO  
1071 E. 52ND STREET  
HIALEAH, FL 33013

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME ROMAN, ALBERTO  
STREET ADDRESS 1071 E. 52ND STREET  
CITY-ST-ZIP HIALEAH, FL 33013

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

00000008008  
01/20/04-80046-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Alberto Roman*

*1-16-04*

*(305) 685-810*

Date

Daytime Phone #