

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S45581

1. Entity Name

AAA HIGHWAY PRODUCTS & SAFETY CORP.

Principal Place of Business

6500 SW 125 AVE
MIAMI FL 33183

Mailing Address

6500 SW 125 AVE
MIAMI FL 33183

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

RIVES, GUILLERMINA
11222 SW 5 TERRACE
MIAMI FL 33174

7. Name and Address of New Registered Agent

Name

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

City

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's 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, 2001 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 RIVES, GUILLERMINA 11222 SW 5 TERR. MIAMI FL ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
DVS RIVES, JOSE M 13422 SW 17 TERRACE CIRCLE N MIAMI FL ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition
6500 S.W. 125 Ave
Miami, FL 33183

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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:

Guillermina Rives
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/01 305-2730954
Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90037 026 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)