

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90001 021 ***150.00

DOCUMENT # S81627

1. Entity Name
AMERICAN AUTO ELECTRIC, INC.

Principal Place of Business
1002 NE 44TH ST.
OAKLAND PARK FL 33334

Mailing Address
1002 NE 44TH ST.
OAKLAND PARK FL 33334



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0285333**

Applied For
 Not Applicable

Zip Country

Zip Country

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

MAHALEC, GREGORY E.
1710 NE 40TH COURT
OAKLAND PARK FL 33334

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Delete
 NAME **MURGUIA, JUAN C.**
 STREET ADDRESS **1002 NE 44TH ST.**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

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

TITLE **P** ☐ Delete
 NAME **MAHALEC, GREGORY E**
 STREET ADDRESS **1002 NE 44TH ST**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

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

TITLE **T** ☒ Delete
 NAME **BOILY, ROGER**
 STREET ADDRESS **8440 NW 28 PLACE**
 CITY-ST-ZIP **SUNRISE FL**

TITLE ☒ Change ☐ Addition
 NAME **2nd VP BOILY ROGER**
 STREET ADDRESS **8440 NW 28 PLACE**
 CITY-ST-ZIP **SUNRISE FL**

TITLE **S** ☐ Delete
 NAME **CARMEN S. ALLEN**
 STREET ADDRESS **1710 NE 40 CT.**
 CITY-ST-ZIP **OAKLAND PARK FL**

TITLE ☐ Change ☒ Addition
 NAME **TREASURER TIMOTHY O'BRIEN**
 STREET ADDRESS **1731 NE 56ST #6**
 CITY-ST-ZIP **FT. LAUD. FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

GREGORY E MAHALEC
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/02
 Date

(954) 561-2502
 Daytime Phone #

CR2E034 (9/01)