

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L20381

1. Entity Name

ACCURATE STEERING COLUMNS, INC.

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90013 045 ***150.00

| | |
|---|--|
| Principal Place of Business | Mailing Address |
| 3821 NORTHWEST 135TH STREET BAY E OPA LOCKA FL 33054 | 3821 NORTHWEST 135TH STREET BAY E OPA LOCKA FL 33054-4650 |

| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0161611**

| |
|----------------|
| 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

VICHOT, JUAN
3821 N.W. 135TH STREET BAY E
OPA LOCKA FL

| |
|--|
| 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 | PD | <input type="checkbox"/> Delete |
| NAME | VICHOT, JUAN | |
| STREET ADDRESS | 3821 N.W. 135TH ST. BAYE | |
| CITY-ST-ZIP | OPA LOCKA FL | |

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

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | VICHOT, LOURDES S. | |
| STREET ADDRESS | 3821 N.W. 135TH ST. BAYE | |
| CITY-ST-ZIP | OPA LOCKA FL | |

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

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

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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN VICHOT

Date

Daytime Phone #

X 1/27/00 (305) X 681-1991

CR2E034 (9/99)