

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 12, 2000 08:00 AM**
Secretary of State**DOCUMENT # P95000057037****1. Entity Name****ACCESSORY MANUFACTURERS ASSOCIATES, INC.****Principal Place of Business**2400 W 84TH ST
SUITE 6
HIALEAH
33016

FL

US

Mailing Address16541 ROYAL POINCIANA DR
FT LAUDERDALE
33326

FL

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

16541 ROYAL POINCIANA DR

Suite, Apt. #, etc.

City & StateCity & State
WESTON

FL

Zip**Country**Zip
33326**Country****4. FEI Number****65-0634801****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 AgentLEVINSON PAUL
16541 ROYAL POINCIANA DRFT LAUDERDALE
33326

FL

7. Name and Address of New Registered Agent**Name**

LEVINSON PAUL

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

16541 ROYAL POINCIANA DR

City
WESTON

FL

Zip Code
33326**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 PAUL LEVINSON**

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

(NOTE: Registered Agent signature required when reinstating)

09/12/2000

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****TITLE** PSD ☐ Delete
NAME LEVINSON PAUL
STREET ADDRESS 16541 ROYAL POINCIANA DR
CITY-ST-ZIP FT LAUDERDALE FL**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** PSD ☒ Change ☐ Addition
NAME LEVINSON PAUL
STREET ADDRESS 16541 ROYAL POINCIANA DR
CITY-ST-ZIP WESTON FL**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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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 PAUL LEVINSON****PPES 09/12/2000**