

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 674727

1. Entity Name

U.S. BRAKE, INC.

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90015 003 ***150.00

0426876

Principal Place of Business

1205 5TH AVENUE
TAMPA FL 33605
US

Mailing Address

112 DUNBRIDGE DRIVE
PALM HARBOR FL 34684

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2011033

Applied For

Not Applicable

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

CASTANHEIRO, R ANDREW
112 DUNBRIDGE DRIVE
PALM HARBOR FL 34684

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
D HING, RICHARD U
STREET ADDRESS 7450 S. W. 116TH STREET
CITY-ST-ZIP MIAMI FL

TITLE NAME ☐ Change ☒ Addition
DIRECTOR
NIGEL A. CASTANHEIRO
STREET ADDRESS 1235 S. HILLCREST AVE.
CITY-ST-ZIP CLEARWATER, FL. 33756.

TITLE NAME ☐ Delete
PT
CASTANHEIRO, R ANDREW
STREET ADDRESS 112 DUNBRIDGE DRIVE
CITY-ST-ZIP PALM HARBOR, FL 00000

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☒ Delete
D
DUQUESNAY, MARK A
STREET ADDRESS 4997 KILKENNEY WAY
CITY-ST-ZIP OLDSMAR FL

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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:

R. Andrew Castanheiro

R. ANDREW CASTANHEIRO

3/26/01

813-229-7304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)