

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**  
 05-23-2002 90089 008 \*\*\*150.00

0046123 AV

**DOCUMENT # F88179**

**1. Entity Name**  
**REFLECTIONS CUSTOM SOUND AND INTERIORS, INC.**

**Principal Place of Business**  
**7175 NORTH WATERWAY DRIVE**  
**MIAMI FL 33155**

**Mailing Address**  
**7175 NORTH WATERWAY DRIVE**  
**MIAMI FL 33155**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**7173 North Waterway Dr**

Suite, Apt. #, etc.  
**MIAMI FLA**

City & State

**3. Mailing Address**  
**7173 N WATERWAY DR**

Suite, Apt. #, etc.

**MIAMI FL**

City & State

**4. FEI Number** **59-2274030**

Applied For  
 Not Applicable

Zip **33155**

Country  
**DADE**

Zip **33155**

Country  
**DADE**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HARRIS, HAROLD WAYNE**  
**7175 NORTH WATERWAY DRIVE**  
**MIAMI FL 33155**

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

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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

TITLE **P** ☐ Delete  
 NAME **HARRIS, HAROLD WAYNE**  
 STREET ADDRESS **7175 NORTH WATERWAY DRIVE**  
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
 NAME **HARRIS, HAROLD WAYNE**  
 STREET ADDRESS **7173 North Waterway Dr**  
 CITY-ST-ZIP **MIAMI FLA**

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

TITLE ☐ Change ☐ Addition  
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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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**HAROLD HARRIS**

**4-28-02**  
 Date

**305-586-7231**  
 Daytime Phone #

CR2E034 (9/01)