

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90503 010 ***150.00

0178092

DOCUMENT # G86199

1. Entity Name
TRAIL AUTOMOTIVE EQUIPMENT CORP.

Principal Place of Business
5851 S.W. 85TH ST.
SOUTH MIAMI FL 33143

Mailing Address
5851 S.W. 85TH ST.
SOUTH MIAMI FL 33143

028508



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16492 SW 304 ST

3. Mailing Address
5851 SW 85 ST

City & State
Homestead FL

City & State

4. FEI Number **59-2394482**

Applied For
 Not Applicable

Zip
33033

Country
Dade

Zip
33143

Country
Dade

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

ARCH, YVONNE I.
5851 S.W. 85TH STREET
SOUTH MIAMI FL 33143

Name
NA
 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 *Yvonne I Arch*
 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
 STREET ADDRESS
 CITY-ST-ZIP
PD
ARCH, TED S.
5851 S.W. 85TH ST.
S. MIAMI FL

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
STD
ARCH, YVONNE I.
5851 S.W. 85TH ST.
S. MIAMI FL

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

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 CITY-ST-ZIP
☐ Change ☐ Addition

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: *Ted S. Arch* **TED S. ARCH**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-01 305-665-3371
 Date Daytime Phone #

CR2E034 (10/00)