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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-23-2001 90200 046 ***150.00

DOCUMENT #H44026

1. Entity Name
MOTORING ACCESSORIES, INC.

Principal Place of Business
1425 NW 82nd Avenue
Miami, FL 33126-1507

Mailing Address
1425 NW 82nd Avenue
Miami, FL 33126-1507

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Mr. Antonio Garcia
Suite, Apt. #, etc.
7830 S.W. 120 Street
City & State
Pinecrest, FL
Zip 33156 Country U.S.A.

3. Mailing Address
Mr. Antonio Garcia
Suite, Apt. #, etc.
7830 S.W. 120 Street
City & State
Pinecrest, FL
Zip 33156 Country U.S.A.

4. FEI Number 59-2523091 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ZERO 34 REGISTRATION CORP.
201 ALHAMBRA CIR
STE 711
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
Name: Antonio Garcia
Street Address (P.O. Box Number is Not Acceptable): 7830 S.W. 120 Street
City: Pinecrest FL Zip Code: 33156

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: Antonio Garcia — 6-14-01
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 $850.00
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	PDS GARCIA, ANTONIO J. 1425 NW 82nd AVENUE MIAMI, FL ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDS GARCIA, ANTONIO J. 7830 S.W. 120 Street Pinecrest, FL 33156 XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS POHLIG, FRANCIS M. 2199 PONCE DE LEON BLVD. CORAL GABLES, FL ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / 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: _____ Apr 24 01 305-773-4802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/00)