

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K21357

1. Entity Name

ZULMAN AUTO AIR COMPRESSORS, INC.

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90460 037 ***150.00

0092248

Principal Place of Business

3906 EXCHANGE AVENUE
NAPLES FL 34104
US

Mailing Address

P.O. BOX 2651
HIALEAH FL 33012

2. Principal Place of Business

3. Mailing Address

3666 N.E. 25TH ST.

Suite, Apt. #, etc.

UNIT B

Suite, Apt. #, etc.

City & State

OCALA, FL.

City & State

Zip

34470

Country

Zip

Country

4. FEI Number 65-0049010

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

RANCEL, VICTORIANO MANUEL
3906 EXCHANGE AVE
NAPLES FL 34104

Name

VICTORIANO M. RANCEL

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

3666 N.E. 25TH ST.

UNIT - B

City

OCALA

FL

Zip Code

34470

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]

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

(NOTE: Registered Agent signature required when reinstating)

04/25/2001

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 PD
NAME RANCEL, VICTORIANO M
STREET ADDRESS 3906 EXCHANGE AVE
CITY-ST-ZIP NAPLES FL 34104 ☐ Delete

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

TITLE STD
NAME PEREZ, ZULEMA
STREET ADDRESS 3906 EXCHANGE AVE
CITY-ST-ZIP NAPLES FL 34104 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

04/25/2001

Date

352-671-3054

Daytime Phone #

CR2E034 (10/00)