

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000018834

1. Entity Name

3D DETAILING PRODUCTS, LTD. CO.

FILED
May 29, 2002 8:00 am
Secretary of State

04-22-2002 90232 046 ****50.00

Principal Place of Business

Mailing Address

3320 PADDOCK RD
WESTON FL 33331

3320 PADDOCK RD
WESTON FL 33331

2. Principal Place of Business

6043 N.W. 167th ST,

3. Mailing Address

Suite, Apt. #, etc.

Unit A-25

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33015

Country

Dade.

Zip

Country

4. FEI Number

65-1147875

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ILTER, ODALYS J
3320 PADDOCK RD
WESTON FL 33331

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE: President
NAME: Sony Ilter
STREET ADDRESS: 3320 Paddock Rd.
CITY-ST-ZIP: Weston, FL 33331 ☐ Delete

TITLE: President
NAME: Stefano Robaudo
STREET ADDRESS: 10713 N.W. 40th St
CITY-ST-ZIP: Sunrise, FL 33351 ☐ Delete

TITLE: Vice President
NAME: Juan De Rada
STREET ADDRESS: 12441 N.W. 15th Street, Apt 1508
CITY-ST-ZIP: Sunrise, FL ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

10. ADDITIONS/CHANGES

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Stefano Robaudo Stefano Robaudo

4/9/02 (305) 512-0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)