

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State
 02-20-2001 90030 049 ***150.00

DOCUMENT # P00000045142

1. Entity Name

TECHNICAL AUTOMOTIVES AND PERFORMANCE, INC.

Principal Place of Business

2295 CORPORATE BLVD..N.W.. STE.140
 BOCA RATON FL 33431

Mailing Address

2295 CORPORATE BLVD..N.W.. STE.140
 BOCA RATON FL 33431

2. Principal Place of Business

1592 SE VILLAGE GREEN DR
 Suite, Apt. #, etc.

3. Mailing Address

1592 SE VILLAGE GREEN DR
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Port St Lucie FL

City & State

Port St Lucie FL

4. FEI Number

59-3653296

Applied For

Not Applicable

Zip

34952

Country

ST Lucie

Zip

34952

Country

ST Lucie

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WINDERMAN, HARRY ESQ.
 2295 CORPORATE BLVD.,N.W., STE.140
 BOCA RATON FL 33431

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

Louis Rodriguez (Secretary)

1-13-01

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 \$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

TITLE: PRESIDENT
 NAME: Sissi Rodriguez
 STREET ADDRESS: 1642 SE OCEAN LN.
 CITY-ST-ZIP: PSL FL 34983 ☐ Delete

TITLE: SECRETARY
 NAME: Louis A Rodriguez
 STREET ADDRESS: 1642 SE OCEAN LN.
 CITY-ST-ZIP: PSL FL 34983 ☐ Delete

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

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 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 STREET ADDRESS: ☐ Change ☐ Addition
 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

Louis A Rodriguez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

Date

Daytime Phone #

561-337-0656

CR2E034 (10/00)