

2001 UNIFORM BUSINESS REPORT (UBR)

03-31-2002 90350 003 750.00
FILED P00000074868

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DOCUMENT # P00000074868

1. Entity Name
INDEPENDENT LIGHTING & GRIP COMPANY

02 JUL -1 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
12500 NE 8TH AVE SUITE 1
NORTH MIAMI FL 33161

Mailing Address
12500 NE 8TH AVE SUITE 1
NORTH MIAMI FL 33161



REINSTATEMENT 01-02
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ 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

SALAS, OSCAR A
6320 SW 92 COURT
MIAMI FL 33173

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

Oscar A. Salas

03/20/02

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	D/S	<input type="checkbox"/> Delete
NAME	SALAS, JESIAH	
STREET ADDRESS	12500 NE 8TH AVE SUITE 1	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	D/P	<input type="checkbox"/> Delete
NAME	SALAS, OSCAR A	
STREET ADDRESS	12500 NE 8TH AVE SUITE 1	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	D/T	<input type="checkbox"/> Delete
NAME	SALAS, ESTHER	
STREET ADDRESS	12500 NE 8TH AVE SUITE 1	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALAS, WILLIAM V	
STREET ADDRESS	12500 NE 8TH AVE SUITE 1	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	200006234522	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-07/08/02--01003--010	
STREET ADDRESS	****150.00 ****150.00	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Oscar A. Salas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
OSCAR A. SALAS

03/20/02 (305) 271-5221

Date

Daytime Phone #

CR2E034 (5/01)