FILED
Apr 03, 2003 8:00 am
Secretary of State
04-03-2003 90122 046 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000074868

1. Entity Name
INDEPENDENT LIGHTING & GRIP COMPANY

90070155

Principal Place of Business	Mailing Address
12500 NE 8TH AVE SUITE 1 NORTH MIAMI, FL 33161	[redacted] 6320 S.W. 92 ct. MIAMI, FL 33173

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1035169 ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SALAS, ESTHER
[redacted]
6320 SW 92 COURT
MIAMI, FL 33173

7. Name and Address of New Registered Agent

Name ESTHER SALAS
Street Address (P.O. Box Number is Not Acceptable)
6320 S.W. 92 ct.
City MIAMI FL Zip Code 33173

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Esther Salas 4/1/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SALAS, JESIAH 12500 NE 8TH AVE SUITE 1 NORTH MIAMI, FL 33161	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SALAS, WILLIAN Victor 12500 NE 8th Ave. Suite 1 NORTH MIAMI, Fl 33161	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[redacted]	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALAS, WILLIAN MATTHIAS 12500 NE 8th Ave, Ste 1 NORTH MIAMI, Fl 33161	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SALAS, ESTHER 12500 NE 8TH AVE SUITE 1 NORTH MIAMI, FL 33161	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Esther Salas 4/1/03 (305) 271-5221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #