

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90406 044 ***150.00

DOCUMENT # P00000099157

1. Entity Name

CSS ACCESSORY SERVICES, INC.

Principal Place of Business

**13130 SW 128TH ST.. UNIT 2
 MIAMI FL 33186**

Mailing Address

**13130 SW 128TH ST.. UNIT 2
 MIAMI FL 33186**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1050796

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

**PASOS, CARLOS
 299 ALHAMBRA CIRCLE, #203
 MIAMI FL 33134**

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

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 | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | D/P |
| STREET ADDRESS | JOSE CREBO |
| CITY-ST-ZIP | 12969 SW 132ND CR MIAMI FL 33186 |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | D/VP |
| STREET ADDRESS | CARLOS CREBO |
| CITY-ST-ZIP | 12969 SW 132ND CR MIAMI FL 33186 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/01
 Date

305-259-3161
 Daytime Phone #

CR2E034 (10/00)



May 08, 2001

13130 SW 128th St.
Suite #2
Miami, FL 33186
Tel: 786-293-0998
Fax: 786-293-0955

Division of Corporation
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern,

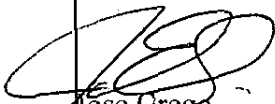
We are sending this letter, along with the 2001 Uniform Business Report Filings, in order to humbly request a waiver for the \$400.00. penalty fee since this forms were not sent before May 01, 2001.

Unfortunately our accountant Mr. Carlos Pazos, C.P.A., of 299 Alhambra circle Suite 203, Coral Gables, Florida 33134, phone number (305) 443-1919, was diagnosed with "Herniated Disc" making it impossible to send the reports by the due date. This was an unexpected delay and was out of our hands.

We kindly ask for your help to accept the amount of \$150.00 enclosed, promising that this incident will never happen again. Also, we would like to advised that from now on our company will take care of these payments directly.

We thank you in advance for your assistance. Any help provided is greatly appreciated.

Best regards,


Jose Grego
President