

CAPITAL CONNECTION 850 222 1222
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

05/21 '02 10:31 NO.900 01/02

DOCUMENT # 000600099157

1. Entity Name
 CSS Accessory Services, INC

FILED

02 MAY 23 AM 11:22

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 13130 SW 128th St

3. Mailing Address
 SAME

Suite, Apt. #, etc.
 UNIT # 2

Suite, Apt. #, etc.

City & State
 MIAMI FL

City & State

Zip
 33186 Country
 MIAMI-DADE

Zip Country

4. FEI Number
 65-1050796

Applied For
 Not Applicable

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

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 IN THIS SPACE**

7. Name and Address of Current Registered Agent

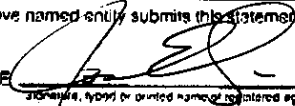
Name
 JOSE E CREGO

Street Address (P.O. Box Number is Not Acceptable)
 13130 SW 128th St

UNIT # 2

City MIAMI FL Zip Code 33186

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 

(NOTE: Registered Agent signature required when revoking)

DATE May 21 02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ (See criteria on back)

January 1 - May 1, Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 JOSE E CREGO
 PRESIDENT, DIRECTOR
 13130 SW 131st #2 MIAMI 33186

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

400005678324--0
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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 CARLOS M CREGO
 V.P. DIRECTOR
 13130 SW 131st #2 MIAMI 33186

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE May 21 02 305-259-3141
 Date Daytime Phone