

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 08, 2001 8:00 am**  
**Secretary of State**

08-08-2001 90007 031 \*\*\*150.00

DOCUMENT # **P00000106227**  
 1. Entity Name **Pulleys & Hoses Inc.**

Principal Place of Business Mailing Address

2. Principal Place of Business **7168 NW 50st.** 3. Mailing Address **242 Riverwalk circle**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **Miami FL.** City & State **Weston FL.**

Zip **33166** Country **U.S.A.** Zip **33326** Country **U.S.A.**

4. FEI Number **65-1057159** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**Gloria Roa Bodin**  
**2655 LeJeune Road, Suite 1001**  
**Coral Gables FL 33134**

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 \_\_\_\_\_  
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE 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: *[Signature]* **Aug 2/2001** **3054047405**

CR2E034 (5/01)

attachment  
Box 60670

08.02.01

Ref: PULLEYS & HOSES INC.  
P00000106227

~~UNIFORM BUSINESS REPORT~~

Division of Corporations  
Tallahassee Fl.

Dear sir o Madam:

I regret have not sended on time my report. I apologize for that.

I can tell you:

I have to learn so much about your process.

I did not receive the form, anytime.

I did not know about the Annual Report every January, even the Corporation started on November. I thought it was yearly.

Sincerely,

