

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91511 017 \*\*\*150.00

DOCUMENT # PO1000068396

1. Entity Name

CHROME COMPONENTS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1091 EAST 52 STREET

Suite, Apt. #, etc.

3. Mailing Address

1091 EAST 52 STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HALEAH, FL

City & State

HALEAH, FL

4. FEI Number

65-1142090

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

JOHN LLOVET

Street Address (P.O. Box Number is Not Acceptable)

1091 EAST 52 STREET

City

HALEAH

FL

Zip Code

33013

**DO NOT WRITE  
IN THIS SPACE**

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 renewing)

JOHN LLOVET, DIRECTOR

04/16/02

DATE

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

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

D/P/SIT  
JOHN LLOVET  
1091 EAST 52 STREET  
HALEAH, FL 33013

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)(f), 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

JOHN LLOVET, D

Date

Daytime Phone #

04/16/02

CR2E034B (12/01)