

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90095 033 ***150.00

DOCUMENT # P01000073562

1. Entity Name
HIGHLINE REPLICA WHEELS COM., INC.

Principal Place of Business
6043 NW 167TH ST., SUITE A-13
MIAMI FL 33015

Mailing Address
6043 NW 167TH ST., SUITE A-13
MIAMI FL 33015



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6135 N.W. 167 ST.
Suite, Apt. #, etc. E17

3. Mailing Address
Suite, Apt. #, etc.

City & State
MIAMI, FL.

City & State

4. FEL Number
65-1122067

Applied For
Not Applicable

Zip
33015

Country
DADE

Zip

Country

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

6. Name and Address of Current Registered Agent

FLUHRER, SCOTT
6043 NW 167TH ST., SUITE A-13
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name **SCOTT FLUHRER**
Street Address (P.O. Box Number is Not Acceptable) **6135 N.W. 167 ST.**
E17
City **MIAMI** **FL** **Zip Code** **33015**

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 reinstating)

4/25/02
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	VARONA, ANDY	
STREET ADDRESS	6043 NW 167TH ST., SUITE A-13	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLUHRER, SCOTT	
STREET ADDRESS	6043 NW 167TH ST., SUITE A-13	
CITY-ST-ZIP	MIAMI FL 33015	
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	VP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREW VARONA	
STREET ADDRESS	6135 N.W. 167 ST., E17	
CITY-ST-ZIP	MIAMI, FL. 33015	
TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT FLUHRER	
STREET ADDRESS	6135 N.W. 167 ST., E17	
CITY-ST-ZIP	MIAMI, FL. 33015	
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		
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 this filing, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)