

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jul 01, 2002 8:00 am**  
**Secretary of State**

07-01-2002 90353 036 \*\*\*150.00

**DOCUMENT # P01000097669**

1. Entity Name

**UNITED CLUTCHES CORPORATION**

Principal Place of Business

**10099 NW 89 AVE #2  
MEDLEY FL 33178**

Mailing Address

**10099 NW 89 AVE #2  
MEDLEY FL 33178****80126246**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-1142580**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**NODAL, JESUS P  
10099 NW 89 AVE #2  
MEDLEY FL 33178**

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, 2002 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PTD	<input type="checkbox"/> Delete
NAME	NODAL, JESUS P	
STREET ADDRESS	2862 SW 141 CT.	
CITY- ST- ZIP	MIAMI FL 33175	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	VPSD	<input type="checkbox"/> Delete
NAME	MALETA, LUIS M	
STREET ADDRESS	7113 W. 33 LANE	
CITY- ST- ZIP	HIALEAH FL 33018	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Date

Daytime Phone #

CR2E034 (9/01)

Attachment  
Document #  
PO1000097669  
B0126246

UNITED CLUTCHES CORPORATION  
10099 NW <sup>89</sup> Ave. #2  
Medley FL 33178  
June 20, 2002

FL DEPT OF STATE  
Div. of corporations  
PO BOX 1500  
Tallahassee FL 32302-1500

RE: P01000097669

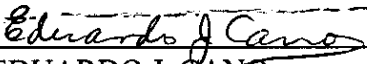
Dear Sir or Madam:

This is to answer your attached letter and 2002 UBR with check no. 1244 completed in its entirety. This check replaces the one returned which was marked VOID on the back of the check.

We expect now to have correctly filed the report, as we are responding in the prescribed time frame. We also apologize for the inconvenience.

Thank you.

Respectfully,

  
EDUARDO J. CANO  
Certified Public Accountant  
For United Clutches Corporation



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

Attachment  
Document #  
P01000097669  
B0126246

June 2, 2002

UNITED CLUTCHES CORPORATION  
10099 NW 89 AVE #2  
MEDLEY, FL 33178

Subject: UNITED CLUTCHES CORPORATION

Reference Number: P01000097669

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

To be accepted by our bank, a check must be completed in its entirety. Both the numeric and written amounts must be completed.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the—  
Division of Corporations at (850) 488-9000.

/tw

ANNUAL REPORTS SECTION