

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

pg 1 of 2

DOCUMENT # P01000107601

1. Entity Name

AMERICAN MOTORS and Accessories, INC.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

397 ENTERPRISE ST

Suite, Apt. #, etc.

A

City & State

Orlando, FL

Zip

34761

Country

USA

3. Mailing Address

397 ENTERPRISE

Suite, Apt. #, etc.

A

City & State

Zip

34761

Country

USA

DO NOT WRITE IN THIS SPACE

11-04-02 01094 020 \$150.00

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name AGUSTIN MARTINEZ

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

3124 S. Semoran Blvd, Suite 201

City Orlando

FL

32822

**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 reinstating)

11-19-02

DATE

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 MARTINEZ, AGUSTIN, D/P  
STREET ADDRESS 3124 S. Semoran Blvd Suite 201  
CITY-ST-ZIP Orlando, FL 32822

TITLE  
NAME MARTINEZ, Omar, D/S  
STREET ADDRESS 10131 T. KIMBER LANE  
CITY-ST-ZIP Orlando, FL 32825

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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 an other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

11-19-02

Date

(407) 877-9999

Daytime Phone #

CR2E034B (12/01)

PS 20FL

American Motors, Inc.  
397-A Enterprise Street  
Ocoee, FL. 34761

October 30, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

Gentlemen (Madam):

Enclosed is for URB-2002, we never received any previous notifications relating to renewal. I am also including payment for \$150.00 to cover charges for renewal. Thank you for attention in this matter.

Yours truly,

Agustin Martinez  
President