

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90114 049 ***150.00

DOCUMENT # P02000076014

1. Entity Name
J & E WHEELS & ACCESSORIES, INC.



Principal Place of Business
4941 BW 192 ST
OPA LOCKA FL 33055

Mailing Address
782 NW LEJEUNE RD STE 434
MIAMI FL 33126



2. Principal Place of Business

210 East 44 St

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Hialeah FL

City & State

4. FEI Number

13-4204335

Applied For

Not Applicable

Zip
33013

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PEREZ, JUAN A
4941 BW 192 ST
OPA LOCKA FL 33055

7. Name and Address of New Registered Agent

Name
JUAN A Perez

Street Address (P.O. Box Number is Not Acceptable)
210 East 44 St

Hialeah

City

FL

Zip Code

33013

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Juan A Perez

2/13/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
D ☐ Delete
NAME
PEREZ, JUAN A
STREET ADDRESS
4941 BW 192 ST
CITY-ST-ZIP
OPA LOCKA FL 33055

TITLE
D ☐ Delete
NAME
PEREZ, ANORIS
STREET ADDRESS
4941 BW 192 ST
CITY-ST-ZIP
OPA LOCKA FL 33055

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

2/13/03

Date

305-448-3323

Daytime Phone #

CR2E034 (10/02)