

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

0268379 AV

DOCUMENT # P95000052872

1. Entity Name
L.E.S. EXHAUST DISTRIBUTOR INC.

02-01-2002 90036 005 ***150.00

Principal Place of Business
8346-P N.W. SOUTH RIVER DR.
MEDLEY FL 33166

Mailing Address
8346-P N.W. SOUTH RIVER DR.
MEDLEY FL 33166



2. Principal Place of Business
16403 NW. 8TH. AVE.

3. Mailing Address
16403 NW. 8TH. AVE

Suite, Apt. #, etc.
MIAMI, FL.

Suite, Apt. #, etc.
MIAMI, FL.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0594016

Applied For
Not Applicable

Zip 33169

Country DADE

Zip 33169

Country DADE

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

ROSALES, ERNESTO
8346-P N.W. SOUTH RIVER DR.
MEDLEY FL 33166

Name ROSALES, ERNESTO

Street Address (P.O. Box Number is Not Acceptable)
16403 NW. 8TH. AVE

City MIAMI

FL

Zip Code 33169

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

ERNESTO ROSALES
PRESIDENT

1/10/02

(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 P
NAME ROSALES, ERNESTO
STREET ADDRESS 8346-P N.W. SOUTH RIVER DR.
CITY-ST-ZIP MEDLEY FL 33166 ☒ Delete

TITLE P
NAME ROSALES, ERNESTO
STREET ADDRESS 16403 NW. 8TH. AVE
CITY-ST-ZIP MIAMI, FL., 33169 ☒ Change ☐ Addition

TITLE ST
NAME ROSALES, LORENZO
STREET ADDRESS 241 MONTCLAIR AVE.
CITY-ST-ZIP NEWARK NJ 07104 ☒ Delete

TITLE ST.
NAME ROSALES, HERZON
STREET ADDRESS 16403 NW. 8TH. AVE
CITY-ST-ZIP MIAMI, FL., 33169 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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]* ERNESTO ROSALES
PRESIDENT

1/10/02

(305) 623-5888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)