

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000075855

1. Entity Name
AUTOMOTIVE SPECIALTIES, INC.

Principal Place of Business
10491 S.W. 187TH STREET
MIAMI FL 33157

Mailing Address
10491 S.W. 187TH STREET
MIAMI FL 33157

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0612044

Applied For
Not Applicable

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

MAS, PETER
10491 S.W. 187TH STREET
MIAMI FL 33157

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
MAS, PETER
8057 S.W. 185TH STREET
MIAMI FL 33157 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
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

Peter Mas
Peter Mas

6-15-01

305-251-5507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 JUL 11 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18

06/26/01-90002-008 \$150.00

CR2E034 (10/00)

10491 S. W. 187 St
Miami, FL 33157
(305) 251-5507

282

AUTOMOTIVE SPECIALTIES, INC.

July 9, 2001

Florida Department of State
Division of Corporations
Annual Reports Section
P. O. Box 6327
Tallahassee, FL 32314

Re: P95000075855

Dear Sir or Madam:

I am respectfully requesting abatement of the \$400.00 late fee assessed in your letter of June 27, 2001.

I was ill when the Annual Report came in and it was misplaced by well meaning friends trying to help me keep the business afloat. This is a one-person operation and I have been very busy doing all functions of this business trying to make ends meet. While cleaning the office I discovered the unpaid Annual Report and immediately mailed a check. I have always filed this report timely and can ill afford the additional \$400.00 late fee. I would greatly appreciate your consideration in abating this fee.

Sincerely,



Peter Mas
President