

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000028854

1. Entity Name

SUPER AXLES, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90035 041 ***150.00

Principal Place of Business

2746 NW 35TH STREET
MIAMI FL 33142

Mailing Address

2746 NW 35TH STREET
MIAMI FL 33142-5238

2. Principal Place of Business

2746 NW 35st

3. Mailing Address

2746 NW 35st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0673710

Applied For

Not Applicable

Zip

33142

Country

US

Zip

33142

Country

US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VARELA, JOSE MANUEL
4472 S.W. 136 PLACE
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name VARELA, JOSE M. (P.D.)

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

4472 SW 136 PL

City

Miami

FL

Zip Code

33175

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]

(P.D.) JOSE M. VARELA

1/6/00

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, 2000 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

TITLE PD
NAME VARELA, JOSE M
STREET ADDRESS 4472 SW 136TH PLACE
CITY-ST-ZIP MIAMI FL 33175 ☐ Delete

TITLE VD
NAME VARELA, MARIA DEL C.
STREET ADDRESS 4472 SW 136TH PLACE
CITY-ST-ZIP MIAMI FL 33175 ☐ Delete

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

12. 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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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]

(P.D.)

1/6/00

(305) 633-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #