

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90050 037 ***150.00

0229751 AV

DOCUMENT # P96000028854

1. Entity Name
SUPER AXLES, INC.

Principal Place of Business

**2746 NW 35TH STREET
 MIAMI FL 33142**

Mailing Address

**2746 NW 35TH STREET
 MIAMI FL 33142**

2. Principal Place of Business

1921 NW 36ST

Suite, Apt. #, etc.

3. Mailing Address

1921 NW 36ST

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33142

Country

US

Zip

33142

Country

US

4. FEI Number

65-0673710

Applied For

Not Applicable

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.)**

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

4472 SW 136 PL

City

Miami FL

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 2/15/02

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, 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

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

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

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
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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] **SIGNATURE REQUIRED (P.D)**

2/15/02

Date

(305) 833-7800

Daytime Phone #