

2001 UNIFORM BUSINESS REPORT (UBR)

PAGE 1 of 2

DOCUMENT # **P97000020441-**
 1. From Where
SB AUTOMOBILE ACCESSORY GROUP, INC

FILED
 01 JUN 15 PM 4: 45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

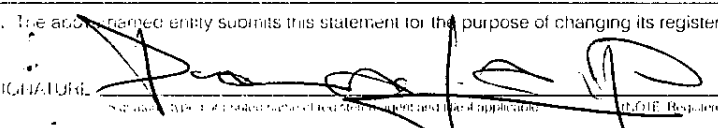
Principal Place of Business Mailing Address
318 MAJORCA AVE #21 Same
CORAL GABLES 33134

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 **65-073-2767** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PABLO A LOPEZ
318 MAJORCA AVE #21
CORAL GABLES 33134

7. Name and Address of New Registered Agent
 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  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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FILE
	PABLO A LOPEZ	318 MAJORCA AVE #21	CORAL GABLES 33134	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FILE
	101.25 AR	10.00-ARAR	88.75 AREUPP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FILE
	400 00 - CRTA			☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FILE
				☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FILE
				☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FILE
				☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FILE
				☐ 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)(a), 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 incorporator or the person 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 attached list with an address, with all other like empowered.

SIGNATURE:  DATE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2503 (11/00)

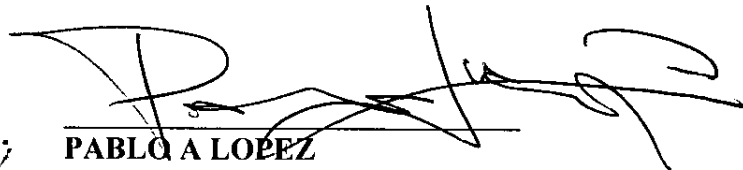
Page 2 of 2

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 600.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **SB AUTOMOBILE ACCESORY GROUP, INC.**

Thank you for your courtesy in this matter.



PABLO A LOPEZ
PRESIDENT