

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000077241

1. Entity Name

CALIFORNIA CUSTOMS & RESTYLING INC.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90325 045 \*\*\*158.75

Principal Place of Business

1255 BELLE AVE.  
UNIT 181  
WINTER SPRINGS FL 32708

Mailing Address

752 SEMINOLE AVE.  
LONGWOOD FL 32716-2271

2. Principal Place of Business

1940 OCOEE-APOPKA ROAD

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #340

City & State

City & State

APOPKA FL

Zip

Zip

Country

32703

ORANGE CO.



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3467914

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

SANDOVAL, ANGEL M  
752 SEMINOLE AVE.  
LONGWOOD FL 32750

Name

ANGEL M. SANDOVAL

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

2013 JOHN HENRY CR APT 520

City

APOPKA

FL

Zip Code

32703

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, 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 S  
NAME SANDOVAL, KAREN S  
STREET ADDRESS 752 SEMINOLE AVE.  
CITY-ST-ZIP LONGWOOD FL 32750

☐ Delete

TITLE ~~P/CEO/T/C~~  
NAME ~~ANGEL M. SANDOVAL~~  
STREET ADDRESS ~~2013 JOHN HENRY CR APT 520~~ AMS  
CITY-ST-ZIP ~~APOPKA FL 32703~~

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~President~~  
NAME ~~Angel M. Sandoval~~  
STREET ADDRESS ~~2013 John Henry Circle #520~~  
CITY-ST-ZIP ~~APOPKA FL 32703~~ AMS.

☐ Change

☐ Addition

TITLE V/S  
NAME KAREN S. SANDOVAL  
STREET ADDRESS 2013 JOHN HENRY CR APT 520  
CITY-ST-ZIP APOPKA FL 32703

☒ Change

☐ Addition

TITLE ~~P/CEO/T/C~~  
NAME ~~ANGEL M. SANDOVAL~~  
STREET ADDRESS ~~2013 JOHN HENRY CR APT 520~~  
CITY-ST-ZIP ~~APOPKA FL 32703~~

☒ Change

☐ Addition

TITLE  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANGEL M. SANDOVAL

Date

Daytime Phone #

4-24-00 407-887-4242

CR2E034 (9/99)