

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90042 037 ***150.00

DOCUMENT # P98000018553

1. Entity Name
HIGH TECH CAR ACCESORIES, INC.

644964



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
4165 EAST 8 AVE 4163 E 8 AVE **4165 EAST 8 AVE 4163 EAST 8 AVE**
HIALEAH FL 33013 **HIALEAH FL 33013**

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0815725		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
GONZALEZ, JUAN D 4165 EAST 8 AVE HIALEAH FL 33013				Name QUEVEDO, MABEL			
				Street Address (P.O. Box Number is Not Acceptable)			
				1263 W. 37 ST.			
City HIALEAH		State FL		Zip Code 33012			

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 *Mabel Quevedo* **MABEL QUEVEDO** 4/20/01
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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME PD GONZALEZ, JUAN D	<input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4163 E 8 AVE		STREET ADDRESS	
CITY-ST-ZIP HIALEAH FL 33013		CITY-ST-ZIP	
TITLE NAME VA GONZALEZ, JUAN M	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4163 E 8TH AVE		STREET ADDRESS	
CITY-ST-ZIP HIALEAH FL 33013		CITY-ST-ZIP	
TITLE NAME VA QUEVEDO, MABEL	<input type="checkbox"/> Delete	TITLE NAME PD QUEVEDO, MABEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4163 E 8TH AVE		STREET ADDRESS 1263 W. 37 ST.	
CITY-ST-ZIP HIALEAH FL 33013		CITY-ST-ZIP HIALEAH, FL 33012	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Mabel Quevedo* **MABEL QUEVEDO** 4/20/01 681-1213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)