

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90781 014 \*\*\*150.00

**DOCUMENT # P98000018553**

1. Entity Name  
**HIGH TECH CAR ACCESORIES, INC.**

Principal Place of Business <b>4163 EAST 8TH AVE HIALEAH FL 33013</b>	Mailing Address <b>4163 EAST 8TH AVE HIALEAH FL 33013</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **65-0815725**      Applied For  
 Not Applicable

Zip      Country      Zip      Country      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**

**QUEVEDO, MABEL**

~~1263 W 37TH ST  
HIALEAH FL 33012~~

Name **QUEVEDO, MABEL**

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

**533 S.E. 8th St.**

City **HIALEAH**      FL      Zip Code **33010**

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**      **1/21/02**  
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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Delete
NAME	<b>GONZALEZ, JUAN</b>
STREET ADDRESS	<b>4163 E 8TH AVE</b>
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>
TITLE	<input type="checkbox"/> Delete
NAME	<del><b>QUEVEDO, MABEL</b></del>
STREET ADDRESS	<del><b>1263 W 37TH ST</b></del>
CITY-ST-ZIP	<del><b>HIALEAH FL 33012</b></del>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GONZALEZ, JUAN</b>
STREET ADDRESS	<b>533-SE. 8th ST.</b>
CITY-ST-ZIP	<b>HIALEAH, FL. 33010</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>QUEVEDO, MABEL</b>
STREET ADDRESS	<b>533 S.E. 8th St.</b>
CITY-ST-ZIP	<b>HIALEAH, FL. 33010</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mabel Quevedo*      **MABEL QUEVEDO**      **1/21/02**      **681-1213**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)