

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031081

Entity Name

ULTIMATE TRUCK & VAN ACCESSORIES, INC.

**FILED**  
**Jul 31, 2000 8:00 am**  
**Secretary of State**

07-31-2000 90014 029 \*\*\*150.00

Principal Place of Business

6801 N.W. 9TH AVENUE  
 FORT LAUDERDALE FL 33309

Mailing Address

6801 N.W. 9TH AVENUE  
 FORT LAUDERDALE FL 33309

2. Principal Place of Business

800-A N.E. 45th St.

Suite, Apt. #, etc.

3. Mailing Address

800-A N.E. 45th St.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

68-0825212

Applied For

Not Applicable

Zip

33334

Country

Broward

Zip

33334

Country

Broward

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

KRAVITZ, KEITH M  
 6801 N.W. 9TH AVENUE  
 FORT LAUDERDALE FL 33309

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	D	<input type="checkbox"/> Delete
NAME	KRAVITZ, KEITH M	
STREET ADDRESS	6801 N.W. 9TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	PELUSO, MICHAEL R	
STREET ADDRESS	6801 N.W. 9TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAVITZ, KEITH M	
STREET ADDRESS	800-A N.E. 45th Street	
CITY-ST-ZIP	Ft. Lauderdale, FL 33334	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELUSO, MICHAEL R	
STREET ADDRESS	800-A N.E. 45th Street	
CITY-ST-ZIP	Ft. Lauderdale, FL 33334	
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		
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:

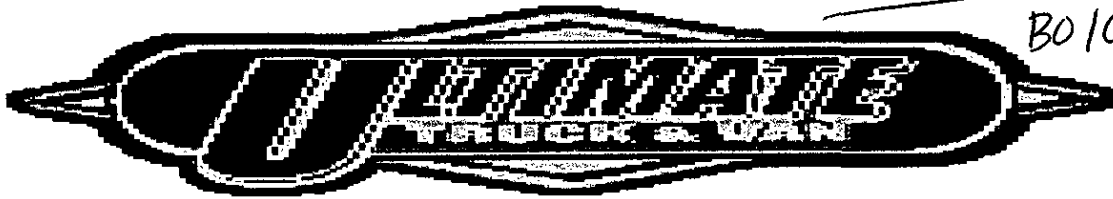
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B0103872



July 19, 2000

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Aristides Saint-Hilaire  
Comptroller  
Ultimate Truck & Van Accessories  
800 A NE 45<sup>th</sup> Street  
Ft. Lauderdale, FL 33334

To Whom It May Concern:

On June 20, 2000 I received the second notice to file the Uniform Business Report for the year 2000. Unfortunately I did not receive the first notice to file this report. I believe the first notice was mailed while Ultimate Truck & Van Accessories, FEI Number 68-0825212, was in the process of relocating to: 800-A N.E. 45<sup>th</sup> Street, Fort Lauderdale, FL 33334 from our previous location: 6801 N.W. 9<sup>th</sup> Avenue, Fort Lauderdale, FL 33309.

If I would have received the first notice it would have been completed and mail it in a timely fashion. Because I did not receive the first notice the company is being unfairly penalized in the amount of \$400.00. I am requesting that this penalty be abated.

Sincerely,

A handwritten signature in black ink, appearing to read "Aristides Saint-Hilaire", written over a horizontal line.

Aristides Saint-Hilaire  
Comptroller