2001 UNIFORM BUSINESS REPORT (UBR) May 14, 2001 8:00 am DOCUMENT # \$980000 31081 **Secretary of State** 05-14-2001 90178 005 \*\*\*150.00 Ultimate Truck & Van Accessories, Me 601-W. Oakland Park Blud 601 W. Oakland Park Blud 15te12 Sterz Oakland Park, FL 333),
3. Mailing Address Oakland Park, FL 33311
2. Principal Place of Business 60P-W. Oakland Park Blud 601-W. Oakland Park Aud DO NOT WRITE IN THIS SPACE City & State Cark City & State 4. FEI Number Applied For Oakland Not Applicable \$8.75 Additional 5. Certificate of Status Desired u.s.A. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Michael Kravitz, Keith M Street Address (P.O. Box Number is Not Acceptable) 6801 N.W. 94 Avenue 601-W. Oakland Park Blud. Ste Fort Lauderdale, FL 33309 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! PEE IS \$150.00 1 After MAY 1: 2001 Fee will be \$550.00 Make Check Payable to Department of State 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Addition ☐ Delete TITLE TITLE Kravitzikeith NAME NAME 6801-10.W. 912 Ave 601-W. oakland lark Hud, Ste12 STREET ADDRESS STREET ADDRESS F-1-Landerdole, FL 33309 CITY - ST - 7IP CITY-ST-ZIP Reluso, Michaeí TITLE Delete TITLE NAME NAME 6801-N.W. 912 Ave 201 - D. Januard Park Blud, Ste12 STREET ADDRESS STREET ADDRESS .CHY+S1-7IE Ft. Landerdale FL CITY-ST-ZIP concland Park FL . 33311 33309 Change Delete Addition THRE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DILE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CSTY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR nehall Daytime Phone #