

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011026

1. Entity Name  
**SPEEDY ACCESSORIES INC.**

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90044 025 \*\*\*150.00

Principal Place of Business  
20381 NE 30 AVE  
310  
AVENTURA FL 33180

Mailing Address  
20381 NE 30 AVE  
310  
AVENTURA FL 33180

2. Principal Place of Business  
2403 NE 202 ST  
Suite, Apt. #, etc.

3. Mailing Address  
2403 NE 202 ST  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
N MIAMI FL

City & State  
N MIAMI FL

4. FEI Number 65-0891605

Applied For  
Not Applicable

Zip Country  
33179 USA

Zip Country  
33179 USA

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

AVITAL, EREZ  
20381 NE 30 AVE #310  
MIAMI FL 33180

Name AVITAL EREZ  
Street Address (P.O. Box Number is Not Acceptable)  
2403 NE 202 ST  
City N MIAMI FL Zip Code 33179

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, 2001 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 D  
NAME AVITAL, EREZ  
STREET ADDRESS 300 NW 2ND AVE.  
CITY-ST-ZIP HALLANDALE FL 33008 ☐ Delete

TITLE AVITAL EREZ  
NAME AVITAL EREZ  
STREET ADDRESS 2403 NE 202 ST  
CITY-ST-ZIP N MIAMI FL 33179 ☐ Change ☐ Addition

TITLE VP  
NAME ZAMIRY, RANI  
STREET ADDRESS 2711 NE 213 ST  
CITY-ST-ZIP MIAMI FL 33180 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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

Date

Daytime Phone #

CR2E034 (10/00)