

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022117

1. Entity Name

HMI PERFORMANCE SHOP, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90051 008 ***150.00

Principal Place of Business

12831 S.W. 42ND STREET
 MIAMI FL 33175

Mailing Address

12831 S.W. 42ND STREET
 MIAMI FL 33175-3433

2. Principal Place of Business

12823 SW 42 ST.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami 33175

City & State

FEL Number

65-0902575

Applied For

Not Applicable

Zip

FL

USA

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

DAVILA, MARTIN
 12831 S.W. 42ND STREET
 MIAMI FL 33175

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 file 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, 2000 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 VPD
 NAME DAVILA, IVAN
 STREET ADDRESS 12831 S.W. 42ND STREET
 CITY-ST-ZIP MIAMI FL 33175

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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)