

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024292

1. Entity Name

UNLIMITED AUTO ACCESSORIES, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90447 002 ***158.75

Principal Place of Business

2942 N.W. 94TH STREET
MIAMI FL 33147

Mailing Address

2942 N.W. 94TH STREET
MIAMI FL 33147

817600



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2601 NW 103RD STREET
Suite, Apt. #, etc.

3. Mailing Address

2601 NW 103RD STREET
Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0903965

Applied For

Not Applicable

Zip

Country

33147 MIAMI - Dade

Zip

Country

33147 MIAMI - Dade

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIFFIN, RANDOLPH

MIAMI FL 33147

2601 NW 103RD STREET

Name

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

2601 NW 103RD STREET

City

MIAMI

FL

Zip Code

33147

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

Randolph Griffin

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)

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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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GRIFFIN, RANDOLPH 2942 N.W. 94TH STREET MIAMI FL 33147	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRIFFIN, RUDOLPH 2942 N.W. 94TH STREET MIAMI FL 33147	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Randolph Griffin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-18-01

Date

305-696-0309

Daytime Phone #

CR2E034 (10/00)