

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034998

1. Entity Name

REDLINE TRANSMISSIONS, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90070 045 ***150.00

Principal Place of Business

541 SOUTH STATE ROAD 7
SUITE 1
MARGATE FL 33065

Mailing Address

541 SOUTH STATE ROAD 7
SUITE 1
MARGATE FL 33068-1711

8061 W. McNab Road
Tamarac, FL 33321

8061 W. McNab Road
Tamarac, FL 33321

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DO NOT WRITE IN THIS SPACE

FEI Number

65-0900473

Applied For

Not Applicable

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

~~KOULOUVARIS, LOUIS~~
~~281 S.W. 69TH COURT~~
~~FT. LAUDERDALE FL 33069~~

Name

Koulouvaris, Louis

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

10301 N.W. 36 Street #7

City

Coral Springs, Fla

FL

Zip Code

33065

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

L.R. Louis Koulouvaris

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, 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 **D** ☐ Delete
NAME **KOULOUVARIS, LOUIS**
STREET ADDRESS **281 S.W. 69TH CT.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33069**

~~TITLE **D** ☒ Delete~~
~~NAME **SMITH, WENDELL H**~~
~~STREET ADDRESS **175 N.W. 69TH COURT**~~
~~CITY-ST-ZIP **FORT LAUDERDALE FL 33369**~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **President** ☒ Change ☐ Addition
NAME **Koulouvaris, Louis**
STREET ADDRESS **10301 N.W. 36 St. #7**
CITY-ST-ZIP **Coral Springs, FL 33065**

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

TITLE ☐ Change ☐ Addition
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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

LOUIS KOULOUVARIS, President

Date

Daytime Phone #

3-21-00 954-946-6551

CR: 014 (3/99)