

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000037547**

1. Entity Name

**TESTED & GUARANTEED TRANSMISSION INC.**

FILED

01 FEB 27 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**3700 NW 79 ST**

**SAME**

**MIAMI FL 33147**

2. Principal Place of Business

3. Mailing Address

**3700 NW 79 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**MIAMI FL**

Zip

Country

Zip

Country

**33147**

**USA**

4. FEI Number

**650800856**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

**PAUL GRANVILLE**

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

**7332 NW 8 ST**

City

**MIAMI**

FL

Zip Code

**33126**

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]*

**02/26/01**

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 NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT</b> <b>JOSE DINGUS</b>  <input checked="" 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"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT</b> <b>OSCAR S. CABALLERO</b> <b>7332 NW 8 ST</b> <b>MIAMI FL 33126</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P. GRANVILLE SECRETARY</b> <b>7332 NW 8 ST</b> <b>MIAMI FL 33126</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition

**800003802408--1**

**03/06/01--01075--0016**

**\*\*\*158.75 \*\*\*158.75**

**SP**

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/26/01**

DATE

**305 6942200**

DAYTIME PHONE #