2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 JAN 21 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000055034

1. Entity Name
Street Custom Cars and Trucks, Inc.

200011131722
01/20/03--01052--006 **62.50

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3471 W. Broward Blvd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, FL	City & State
Zip: 33301 Country: Broward	Zip Country

4. FEI Number: 65-0927595 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Christopher C. Cloney

Street Address (P.O. Box Number is Not Acceptable):
315 SW 7 ST #000

City: Ft. Lauderdale FL Zip Code: 33301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if signature is for a corporation. NOTE: Registered agent signature required when reinstated.

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS and DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE	VP
NAME	Lopez, Luis
STREET ADDRESS	7792 SW 42 Ct
CITY-ST-ZIP	Davie, FL 33328
TITLE	VP
NAME	Zweig, Avram
STREET ADDRESS	3471 W. Broward Blvd
CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200011131722
01/20/03--01052--007 **87.50

DO NOT WRITE IN THIS SPACE

CR2E054 (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS LOPEZ 1/6/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #