

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067501

1. Entity Name

CRISTAL PERFORMANCE AUTO ACCESSORIES, INC.

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90063 028 ***150.00

Principal Place of Business

Mailing Address

13880 KENDALL LAKES BLVD.
MIAMI FL 33183

13880 KENDALL LAKES BLVD.
MIAMI FL 33183

2. Principal Place of Business

784 W. 84 Street

3. Mailing Address

784 W. 84 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0937521

Applied For

Not Applicable

Zip

Country

33014 MIAMI-DADE

Zip

Country

33014 MIAMI-DADE

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

HUED, ALFREDO H
13880 KENDALL LAKES BLVD.
MIAMI FL 33183

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 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
HUED, ALFREDO H
13880 KENDALL LAKES BLVD.
MIAMI FL 33183 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Hued, Alfredo H.
19172 NW 88 PL.
Miami, FL. 33018 ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HUED, ALFREDO H
13880 KENDALL LAKES BLVD.
MIAMI FL 33183 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add

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☐ Change ☐ Add

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 REQUIRED

ALFREDO H HUED

Date

Daytime Phone #