

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087670

1. Entity Name

SPECIALIZED AUTOTRONICS, INC.

FILED

Apr 19, 2001 8:00 am  
Secretary of State

04-19-2001 90052 008 \*\*\*150.00

Principal Place of Business

411 SOUTHWEST 104TH AVENUE  
MIAMI FL 33174

Mailing Address

411 SOUTHWEST 104TH AVENUE  
MIAMI FL 33174

2. Principal Place of Business

1355 W 44 PLACE

3. Mailing Address

1355 W 44 PLACE

Suite, Apt. #, etc.

APT 328

Suite, Apt. #, etc.

APT 328

City & State

HALEAH FL

City & State

HALEAH FL

Zip

33012

Country

USA

Zip

33012

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0957007

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

DIAZ, DANIEL  
411 SW 104 AVE  
MIAMI FL 33174

Name

ADRIAN MORALES

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

1355 W 44 PLACE APT 328

City

HALEAH

FL

Zip Code

33012

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

*Adrian Morales*

ADRIAN MORALES

PRES.

1/2/01

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, 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

PTD  
DIAZ, DANIEL  
411 SOUTHWEST 104TH AVENUE  
MIAMI FL 33174

☒ Delete

TITLE  
NAME

☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

SVD  
MORALES, ADRIAN  
411 SOUTHWEST 104TH AVENUE  
MIAMI FL 33174

☐ Delete

TITLE  
NAME

PRES

☒ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

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STREET ADDRESS  
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STREET ADDRESS  
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:

*Adrian Morales*

ADRIAN MORALES

1/2/01

PRES. 305-4967

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3566

CR2E034 (10/00)