

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90143 020 ***150.00

DOCUMENT # **S42383**

1. Entity Name

NATIONAL CLUTCH CORPORATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9725 SW 127 ST

Suite, Apt. #, etc.

3. Mailing Address

9725 SW 127 ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33176

Country

US

Zip

33176

Country

US

4. FEI Number

65-0254650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **FLORENTIN, BAROH**

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

9725 SW 127 ST

City

MIAMI

FL

Zip Code

33176

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

OFFICERS AND DIRECTORS

TITLE	DSP
NAME	FLORENTIN, BAROH
STREET ADDRESS	9725 SW 127 ST
CITY - ST - ZIP	MIAMI, FL
TITLE	DVP
NAME	SHOER, EFRAIN
STREET ADDRESS	9725 SW 127 ST
CITY - ST - ZIP	MIAMI, FL
TITLE	DT
NAME	GARZON, ISAAC
STREET ADDRESS	9725 SW 127 ST
CITY - ST - ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/03

Date

305-233-1818

Daytime Phone #

CR2E034B (12/02)