

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S56234

1. Entity Name

FLORIDA AUTO TRIM & ACCESSORIES, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90014 044 ***150.00

Principal Place of Business

4060 NW 4TH CT
 POMPANO BEACH FL 33066-1808

Mailing Address

4060 NW 4TH CT
 POMPANO BEACH FL 33066-1808

80052548



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7200 NW 51 Ter.
 Suite, Apt. #, etc.

3. Mailing Address

7200 NW 51 Ter.
 Suite, Apt. #, etc.

City & State

Coconut Creek, FL

City & State

Coconut Creek, FL

4. FEI Number

65-0271361

Applied For

Not Applicable

Zip

Country

33073

Zip

Country

33073

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

CURRIE, ROBBIE
 4060 NW 4TH CT
 COCONUT CREEK FL 33066

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

Robbie Currie

Robbie Currie

4-30-2001

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	P	<input type="checkbox"/> Delete
NAME	CURRIE, ROBBIE	
STREET ADDRESS	4060 NW 4TH CT	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

Robbie Currie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-2001

Date

954-234-8259

Daytime Phone #

CR2E034 (10/00)