

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

018714 AV

**DOCUMENT # S56234**

1. Entity Name

**FLORIDA AUTO TRIM & ACCESSORIES, INC.**

02-11-2002 90030 021 \*\*\*150.00

Principal Place of Business

**7200 NW 51ST TERRACE  
 COCONUT CREEK FL 33073**

Mailing Address

**7200 NW 51ST TERRACE  
 COCONUT CREEK FL 33073**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2460 NW 17th Ln  
 Suite, Apt. #, etc.  
 Bay #4**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Pompano Beach, FL**

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0271361**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

**CURRIE, Robbie**

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

**7200 NW 51 Terr**

City

**Coconut Creek**

FL

Zip Code

**33073**

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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-22-02**

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, 2002 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

TITLE **P** ☐ Delete  
 NAME **CURRIE, ROBBIE**  
 STREET ADDRESS **4060 NW 4TH CT**  
 CITY-ST-ZIP **COCONUT CREEK FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

**1-22-02**

Daytime Phone #

**954 971-5006**

CR2E034 (9/01)