

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90310 037 ***150.00

DOCUMENT # G09857

1. Entity Name

INTEURO PARTS DISTRIBUTORS, INC.

Principal Place of Business

9970 NW 89 CT
 MEDLEY FL 33178
 US

Mailing Address

9970 NW 89 COURT
 MEDLEY FL 33178-1478
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2283788

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WHITE, RON
9970 N.W. 89TH COURT
MEDLEY FL 33178

Name

S Y FINKELSTEIN

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

9970 NW 89th CT

City

MEDLEY

FL

Zip Code

33178

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

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

S Y FINKELSTEIN

(NOTE: Registered Agent signature required when reinstating)

1/5/00

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, RON	NAME	CHARLES J. HOGARTY
STREET ADDRESS	9970 NW 89TH CURT	STREET ADDRESS	9970 NW 89th CT -
CITY-ST-ZIP	MEDLEY FL 33178	CITY-ST-ZIP	MEDLEY FL 33178
TITLE	T <input type="checkbox"/> Delete	TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALUMBO, JOHN	NAME	
STREET ADDRESS	9970 NW 89TH COURT	STREET ADDRESS	
CITY-ST-ZIP	MEDLEY-FL 33178	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	
NAME	LOCKWOOD, JAMES	NAME	
STREET ADDRESS	9970 N.W. 89TH COURT	STREET ADDRESS	
CITY-ST-ZIP	MEDLEY FL 33178	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	S Y FINKELSTEIN
STREET ADDRESS		STREET ADDRESS	9970 NW 89th CT.
CITY-ST-ZIP		CITY-ST-ZIP	MEDLEY, FL 33178
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

S Y Finkelstein
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00
 Date

(305)863-7537
 Daytime Phone #

CR2E034 (9/99)