

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90320 003 ***150.00

12/1/001 AV

DOCUMENT # P00000016148

1. Entity Name
MR. CAR PARTS, INC.

Principal Place of Business
1565 NW 88 AVE UNIT A
MIAMI FL 33172

Mailing Address
1565 NW 88 AVE UNIT A
MIAMI FL 33172

2. Principal Place of Business
3750 NW 28 st

3. Mailing Address
3750 NW 28 st

Suite, Apt. #, etc.
103

Suite, Apt. #, etc.
103

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-1008911

Applied For
 Not Applicable

Zip
33142

Country
USA

Zip
33142

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ALVAREZ, WILFREDO Y
1565 NW 88 AVE UNIT A
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name
Wilfredo Alvarez
 Street Address (P.O. Box Number is Not Acceptable)
3750 NW 28 st
103
 City **MIAMI** FL Zip Code **33142**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-11-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD			
	ALVAREZ, WILFREDO Y	12025 SW 18 ST. NO. 4	MIAMI FL 33175	

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

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: **Wilfredo Alvarez**

04-11-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)