

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90150 039 ***150.00

DOCUMENT # P94000068804

1. Entity Name
APPROVED AIR PARTS CO., INC.

Principal Place of Business 6848 NW 20TH AVE FT. LAUDERDALE FL 33309 US	Mailing Address 6848 NW 20TH AVE FT. LAUDERDALE FL 33431-6600 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2530 NW 2nd Ave Suite, Apt. #, etc.	3. Mailing Address P.O. Box 1353 Suite, Apt. #, etc.
City & State Boca Raton, FL	City & State Wexford, PA
Zip 33431	Country US
Zip 15090-1353	Country US

4. FEI Number 65-0565578	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GRIEME, STEPHEN P
 2429 NE 25 ST
 LIGHTHOUSE POINT FL 33064**

7. Name and Address of New Registered Agent

Name **Roy Gross**
 Street Address (P.O. Box Number is Not Acceptable)
7341 Haviland Circle
 City **Boynton Beach FL** Zip Code **33437**

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 *Roy Gross* **ROY GROSS** DATE **4/3/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GRIEME, STEPHEN 6848 NW 20TH AVE FT LAUDERDALE FL 33309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRIEME JOANNE, SUSAN 6848 NW 20TH AVE FT LAUDERDALE FL 33309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 612 Shady Oak Ct. Mars, PA 16046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 612 Shady Oak Ct Mars, PA 16046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Steph Grien* **SIGNATURE REQUIRED** DATE **3/29/00** DAYTIME PHONE # **724-779-9500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR