

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90050 017 \*\*\*150.00

**DOCUMENT # P99000030851**

1. Entity Name

**FARR AUTOPARTS INC.**

Principal Place of Business

Mailing Address

149 SEVILLA AVE  
 CORAL GABLES FL 33134

149 SEVILLA AVE  
 CORAL GABLES FL 33134-6006

00017884



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4335 N.W 8 street

4335 NW 8 street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0916749

Applied For

Not Applicable

Zip

Country

33126

Zip

Country

33126

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

MOLINA, CARLOS  
 149 SEVILLA AVE  
 CORAL GABLES FL 33134

Name Millennium Consulting Services Inc.

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

444 Brickell Ave Suite 750

City Miami

FL

Zip Code

33126

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

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

(NOTE: Registered Agent signature required when reinstating)

02/01/2000

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

TITLE PD  
 NAME FARR, JOSE LIZAMA  Delete  
 STREET ADDRESS 149 SEVILLA AVE  
 CITY-ST-ZIP CORAL GABLES FL 33134

TITLE  Change  Add  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SD  
 NAME GODOY, JOSE LIZAMA  Delete  
 STREET ADDRESS 149 SEVILLA AVE  
 CITY-ST-ZIP CORAL GABLES FL 33134

TITLE  Change  Add  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Add  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Add  
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/2000 (305) 265-7761

Date

Daytime Phone #