

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90471 031 ***150.00

DOCUMENT # P96000042745

1. Entity Name
I.A.A.C. & PARTS, CORP.

Principal Place of Business
20441 NE 30 AVE., BLDG 9, #316
AVENTURA FL 33180

Mailing Address
20533 BISCAYNE BLVD
#336
AVENTURA FL 33180
US



2. Principal Place of Business
20533 BISCAYNE BLVD

Suite, Apt. #, etc.
Nº 336

City & State
AVENTURA

Zip
33180

Country
US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0669881**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PORTILLA, MAURO A
20441 NE 30 AVE., BLDG 9, #316
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name **PORTILLA, MAURO A**
 Street Address (P.O. Box Number is Not Acceptable)
20533 BISCAYNE BLVD. Nº 336
 City **AVENTURA** FL **33180**

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

(NOTE: Registered Agent signature required when reinstating)

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, 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 **VD** ☐ Delete
 NAME **DALYAYEVA, SUETLANA**
 STREET ADDRESS **20441 NE 30 AVE., BLDG 9, #316**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **PD** ☐ Delete
 NAME **DALYAYEVA, ALEKSANDR**
 STREET ADDRESS **20441 NE 30 AVE., BLDG 9, #316**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **D** ☐ Delete
 NAME **PORTILLA, MAURO A**
 STREET ADDRESS **20441 NE 30 AVE., BLDG S, #316**
 CITY-ST-ZIP **AVENTURA FL 33180**

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

CR2E034 (9/01)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #