

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90089 008 ***150.00

DOCUMENT # 209712

1. Entity Name

AMPHIBIAN PARTS, INC.

Principal Place of Business

15195 NE 21ST AVENUE
NO MIAMI BEACH FL 33162
US

Mailing Address

15195 NE 21ST AVENUE
NO MIAMI BEACH FL 33162-6001
US

2. Principal Place of Business

7530 MIAMI VIEW DR
Suite, Apt. #, etc.

3. Mailing Address

7530 MIAMI VIEW DR.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
N. BAY VILLAGE

City & State
N. BAY VILLAGE

4. FEI Number 59-0828128

Applied For
Not Applicable

Zip 33141 Country USA

Zip 33141 Country USA

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

6. Name and Address of Current Registered Agent

FRANKLIN, JEANNE
15195 NE 21ST AVENUE
NO MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name JEANNE FRANKLIN
Street Address (P.O. Box Number is Not Acceptable) 7530 MIAMI VIEW DRIVE
City N. BAY VILLAGE FL Zip Code 33141

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 *Jeane Franklin*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 3/31/00

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	VP	<input type="checkbox"/> Delete
NAME	FRANKLIN, DEAN H	
STREET ADDRESS	15195 NE 21ST AVENUE	
CITY-ST-ZIP	NO MIAMI BEACH FL 33162	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FRANKLIN, JEANNE	
STREET ADDRESS	15195 NE 21ST AVE	
CITY-ST-ZIP	NO MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, DEAN H.	
STREET ADDRESS	7530 MIAMI VIEW DR	
CITY-ST-ZIP	N. BAY VILLAGE FL 33141	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, JEANNE	
STREET ADDRESS	7530 MIAMI VIEW DR	
CITY-ST-ZIP	N. BAY VILLAGE, FL 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeane Franklin Pres*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 3/31/00 (305) 759-1456
Date Daytime Phone #

CR2E034 (9/99)