

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 242598**

1. Entity Name

**G & M AUTO PARTS & WRECKING, INC.****FILED****May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 91422 017 \*\*\*158.75

Principal Place of Business

Mailing Address

2711 SW 7TH AVE  
MIAMI FL 33129  
US2711 SW 7TH AVE  
MIAMI FL 33129-2506  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-0910078

Applied For

Not Applicable

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

ARENSON-DEL MORAL, LESLIE  
2711 SW 7TH AVE  
MIAMI FL 33129

Name

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

City

FL

Zip Code

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, 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 ARENSON, MADELINE S  
STREET ADDRESS 175 S.E. 25TH RD  
CITY-ST-ZIP MIAMI FL 33129 ☐ DeleteTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE S  
NAME ARENSON-DEL MORAL, LESLIE A  
STREET ADDRESS 2711 SW 7TH AVE  
CITY-ST-ZIP MIAMI FL 33129 ☐ DeleteTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE V  
NAME ARENSON, CLIFFORD C  
STREET ADDRESS 951 APACHE  
CITY-ST-ZIP MIAMI SPRINGS FL 33166 ☐ DeleteTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP ☐ DeleteTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)