

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90053 030 ***150.00

05/09/02 AV

DOCUMENT # 261677

1. Entity Name
OPA-LOCKA USED AUTO PARTS INC

Principal Place of Business

**RT 29 2 MILES S OF I-75
 IMMOKALEE FL 34142
 US**

Mailing Address

**RT 2 BOX 551
 IMMOKALEE FL 34142
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15533 STATE Road 29 South
 Suite, Apt. #, etc.

3. Mailing Address

15533 STATE Road 29 South
 Suite, Apt. #, etc.

City & State
Immokalee FL

Zip
34142

Country
USA

City & State
Immokalee FL

Zip
34142

Country
USA

4. FEI Number **59-0976427**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DINUNZIO, PHILIP R.
 425-31ST STREET, S.W.
 NAPLES FL 33934**

7. Name and Address of New Registered Agent

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 **X Philip R Di Nunzio**

4/24/02
 DATE

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DINUNZIO, PHILIP R. 425-31ST STREET, S.W. NAPLES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DINUNZIO, LOUISE 425-31ST STREET, S.W. NAPLES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DINUNZIO, PHILIP R. JR. 6931 S.W. 2ND AVENUE NAPLES FL <input checked="" 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"/> 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: **X Philip R Di Nunzio** **941-455-0839**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **4/24/02** Daytime Phone #

CR2E034 (9/01)