

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90094 002 ***150.00

DOCUMENT # 326339

1. Entity Name

QUALITY BRAKES AND PARTS, INC.

Principal Place of Business

**10126 NORTHWEST 27 AVE
 MIAMI FL 33147**

Mailing Address

**10126 NORTHWEST 27 AVE
 MIAMI FL 33147**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1205260

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CAPDEVILA, MIREYA
 10126 NORTHWEST 27 AVE
 MIAMI FL 33147**

7. Name and Address of New Registered Agent

Name **ANGEL LUIS RAMOS**

Street Address (P.O. Box Number is Not Acceptable)
14462 Rosewood Rd.

City **MIAMI LAKES FL** Zip Code **33014**

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

Angel Luis Ramos

2-4-02

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	S	<input checked="" type="checkbox"/> Delete
NAME	CAPDEVILA, MIRELLA	
STREET ADDRESS	1350 W 35TH ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CAPDEVILA, ROBERTO	
STREET ADDRESS	1350 W 35TH ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CAPDEVILA, MIREYA	
STREET ADDRESS	1350 W 35TH STREET	
CITY-ST-ZIP	HIALEAH FL	
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	P/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANGEL LUIS RAMOS	
STREET ADDRESS	14462 Rosewood Rd	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIRGINIA RAMOS	
STREET ADDRESS	14462 Rosewood Rd	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
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:

Angel Luis Ramos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-02 305691-6462

Date

Daytime Phone #

02-24-2002 90094 002