

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 436024

1. Entity Name

RICARDO AUTO PARTS, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90050 010 ***150.00

Principal Place of Business

13205 CAIRO LANE
OPA LOCKA FL 33054

Mailing Address

13205 CAIRO LANE
OPA LOCKA FL 33054-4620

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1486394

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OUTERINO, RICARDO
13205 CAIRO LANE
OPALOCKA FL 33054

7. Name and Address of New Registered Agent

Name

OUTERINO, MARGARITA

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

4201 W. 18TH COURT

City

HIALEAH

FL

Zip Code

33012

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)

3/9/00

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

TITLE V ☐ Delete
NAME MOURIZ, ALINA
STREET ADDRESS 950 E. 4 ST.
CITY-ST-ZIP HIALEAH FL

TITLE S ☐ Delete
NAME OUTERINO, MARGARITA
STREET ADDRESS 4201 W. 18TH COURT
CITY-ST-ZIP HIALEAH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 PRESIDENT/SECRETARY ☒ Change ☐ Addition
NAME OUTERINO, MARGARITA
STREET ADDRESS 4201 W 18TH COURT
CITY-ST-ZIP HIALEAH, FL.

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

i3. 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 #

MARGARITA OUTERINO 3/9/00 305-477-2939