

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90047 003 ***150.00

DOCUMENT # 451340

1. Entity Name

SUPER TRUCK PARTS CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7075 N.W. 74 Street

Suite, Apt. #, etc.

3. Mailing Address

7075 N.W. 74 Street

Suite, Apt. #, etc.

City & State

Medley, Florida

City & State

Medley, Florida

Zip

33168

Country

U.S.

Zip

33168

Country

U.S.

4. FEI Number

59-1533565

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

David A. Donet, Esquire

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

2655 Le Jeune Road

Penthouse 2-C

City

Coral Gables

FL

Zip Code
33134

**DO NOT WRITE
IN THIS SPACE**

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

David A. Donet
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
Louis Romero
7075 N.W. 74 Street
Medley, Florida 33168**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP/S/T/D
Hildelisa Azcue
7075 N.W. 74 Street
Medley, Florida 33168**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Hildelisa Azcue
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02
Date

305-444-8387
Daytime Phone #

CR2E034B (12/01)