

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90372 045 \*\*\*150.00

**DOCUMENT # 474783**

1. Entity Name  
**ANGEL AUTO PARTS, INC.**



Principal Place of Business  
**35 N.W. 27TH AVENUE  
MIAMI FL 33125  
US**

Mailing Address  
**35 N.W. 27TH AVENUE  
MIAMI FL 33125  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1594894**

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

**FRANCO, ANGEL, SR.  
35 N.W. 27TH AVENUE  
MIAMI FL 33125**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Angel Des Amico*

**4-17-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITILE **T** ☐ Delete  
NAME **FRANCO, ORISTELA**  
STREET ADDRESS **441 N.W. 32ND CT.**  
CITY-ST-ZIP **MIAMI, FL 00000**

TITILE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S ☐ Delete  
NAME **FRANCO, ANGEL, JR.**  
STREET ADDRESS **441 N.W. 32ND COURT**  
CITY-ST-ZIP **MIAMI, FL 00000**

TITILE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P ☐ Delete  
NAME **FRANCO, ANGEL, SR.**  
STREET ADDRESS **441 N.W. 32ND CT.**  
CITY-ST-ZIP **MIAMI, FL 00000**

TITILE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
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☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-17-03**

Date

**305-673-2669**

Daytime Phone #

CR2E034 (10/02)