


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # 490673 1. Entity Name MINTON'S AUTO PARTS, INC.																																								
Principal Place of Business 13060 CAIRO LANE OPA LOCKA FL 33054-4617			Mailing Address 13060 CAIRO LANE OPA LOCKA FL 33054-4617																																					
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																					
City & State			City & State																																					
Zip	Country	Zip	Country	4. FEI Number 59-1650899 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>																																				
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				MOORE CR2E034 (11/03)																																				
6. Name and Address of Current Registered Agent EKASALA, WILLIAM R. 13060 CAIRO LANE OPA LOCKA FL 33054				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. I am familiar with, and accept the obligations of registered agent.																																								
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)																																								
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																				
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PTD</td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>EKASALA, WILLIAM R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13060 CAIRO LANE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>OPA LOCKA FL</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">VD</td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>EKASALA, MARC</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13060 CAIRO LANE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>OPA LOCKA FL</td> <td></td> </tr> </table> </div> </div>						TITLE	PTD	<input type="checkbox"/> Delete	NAME	EKASALA, WILLIAM R		STREET ADDRESS	13060 CAIRO LANE		CITY- ST- ZIP	OPA LOCKA FL		TITLE	VD	<input type="checkbox"/> Delete	NAME	EKASALA, MARC		STREET ADDRESS	13060 CAIRO LANE		CITY- ST- ZIP	OPA LOCKA FL		<div style="width: 100%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>U000000081459</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>03/08/04-80151-001 150.00</td> <td></td> </tr> </table> </div>		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	U000000081459		CITY- ST- ZIP	03/08/04-80151-001 150.00	
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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. MARC R. EKASALA																																								
SIGNATURE: _____ 2-16-04																																								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																								