

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 508995

1. Entity Name

L & H TRUCK PARTS & EQUIPMENT CO., INC.

Principal Place of Business

7450 N.W. 27TH AVE
MIAMI FL 33147

Mailing Address

7450 N.W. 27TH 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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, GUILLERMO
2600 WEST FLAGLER STREET
3RD FLOOR
MIAMI FL 33135

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.

SIGNATURE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRST	<input checked="" type="checkbox"/> Delete
NAME	OLMO, MARIA	
STREET ADDRESS	7450 NW 27TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHAFER, JOHN S	
STREET ADDRESS	7450 NW 27TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OLMO, MARIA	
STREET ADDRESS	7450 NW 27TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SERVANDO LOPEZ	<input type="checkbox"/> Delete
NAME	7450 N.W. 27TH AVE.	
STREET ADDRESS	MIAMI FL 33134	
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		

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SERVANDO LOPEZ

Officer

1/20/01

305 696-3525

Daytime Phone #

2. **FILED**
Mar 07, 2001 8:00 am
Secretary of State

02-05-2001 90047 017 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1679363

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)