

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90009 026 ***155.00

DOCUMENT # 524177

1. Entity Name

CORAL AUTO PARTS INC.

Principal Place of Business

Mailing Address

2255 SW 32ND AVE
MIAMI FL. 33145

2. Principal Place of Business

CORAL AUTO PARTS INC.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1715920

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

00060867

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANCISCO A. TAVAREZ
4820 SW 64 AVE.
MIAMI FL. 33155

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

Francisco TAVAREZ

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

(NOTE: Registered Agent signature required when reinstating)

5/01/01

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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	FRANCISCO A TAVAREZ	
STREET ADDRESS	4820 SW 64 AVE.	
CITY-ST-ZIP	MIAMI FL. 33155	
TITLE	SECRETARIO	<input type="checkbox"/> Delete
NAME	SERGIO MOLINA TAVAREZ	
STREET ADDRESS	404 NW 107 ST.	
CITY-ST-ZIP	MIAMI FL. 33172	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	JUAN ISIDRO DIAS	
STREET ADDRESS	4801 SW 64 CT.	
CITY-ST-ZIP	MIAMI FL. 33155	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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

5/01/01

Date

Daytime Phone #

CR2E034 (11/00)