

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90053 012 ***150.00

DOCUMENT # 647091

1. Entity Name

AMERICAN USED TRUCK PARTS, INC.

Principal Place of Business

**375 W 22 ST
 HIALEAH FL 33010
 US**

Mailing Address

**14037 NW 88TH PL
 MIAMI FL 33018
 US**

2. Principal Place of Business

3. Mailing Address

375 W. 22 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33010

4. FEI Number

59-2017666

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

**HERNANDEZ, PEDRO M
 14037 NW 88TH PL
 MIAMI FL 33018**

Name

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

985 Ludlam Dr.

City

Miami Springs

FL

Zip Code

33166

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

Pedro M. Hernandez

2/19/01

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 **PSD** ☐ Delete
 NAME **HERNANDEZ, PEDRO**
 STREET ADDRESS **375 W. 22 STREET**
 CITY-ST-ZIP **HIALEAH FL 33010**

TITLE ☐ Change ☐ Addition
 NAME **985 Ludlam Dr.**
 STREET ADDRESS **Miami Springs, FL**
 CITY-ST-ZIP **33166**

TITLE **DT** ☐ Delete
 NAME **HERNANDEZ, PEDRO J**
 STREET ADDRESS **375 22ND STREET**
 CITY-ST-ZIP **HIALEAH FL 33010**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Pedro Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/01 305 882 0009

CR2E034 (10/00)

0489757