## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Apr 26, 2000 8:00 am Secretary of State **DOCUMENT # 681481** 1. Entity Name AMERICAN GENUINE AUTO-TRUCK PARTS, INC. 04-26-2000 90170 031 \*\*\*150.00 Mailing Address Principal Place of Business 3400 CORAL WAY 2777 NW 54TH ST | MIAMI FL 33142 600 MIAMI FL 33145-3053 U\$ 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2027867 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent . Name DIAZ. JUSTO L. Street Address (P.O. Box Number is Not Acceptable) 3400 CORAL WAY, STE 3600 MIAMI FL 33145-3053 Zip Code City 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 TO DATE OF THE PARTY OF THE PAR Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 \*\*\*\*Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change TITLE ☐ Addition ☐ Delete TITLE DIAZ, JUSTO LUIS NAME NAME STREET ADDRESS STREET ADDRESS 2777 N.W. 54TH STREET CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33142 ☐ Addition TITLE ☐ Change ☐ Delete TITLE DIAZ, JUSTO LUIS, JR. NAME NAME STREET ADDRESS STREET ADDRESS 2777 N.W. 54TH STREET CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33142** Change ☐ Addition TITLE TITLE ☐ Delete DIAZ, MARIA CARMEN NAME NAME 2777 N.W. 54TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33142** ☐ Addition Change ☐ Delete TITLE TITLE MELENDI. RUTH NAME NAME 2777 N.W. 54TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Delete TITLE ☐ Change TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE

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 of 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 expowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR