

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90362 029 ***150.00

DOCUMENT # G49328

1. Entity Name
EQUIPARTS SUPPLY, INC.

Principal Place of Business

**4444 SW 71ST AVE
 #105
 MIAMI FL 33155**

Mailing Address

**4444 SW 71ST AVE
 #105
 MIAMI FL 33155**

2. Principal Place of Business

13435 S.W. 128th St.

3. Mailing Address

13435 S.W. 128th St.

Suite, Apt. #, etc.

106

Suite, Apt. #, etc.

106

City & State

MIAMI - FL.

City & State

MIAMI - FL.

Zip

Country

33186-6132 Date

Zip

Country

33186-6132 Date

4. FEI Number

59-2301878

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RIVERO, LUIS J
 4444 SW 71ST AVE
 #105
 MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name
Rivero, Luis J. Esq.
 Street Address (P.O. Box Number is Not Acceptable)
13435 S.W. 128th St. - #106
 City **MIAMI** FL Zip Code **33186**

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	SOSA, ERNESTO	
STREET ADDRESS	4444 SW 71ST AVE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	S	<input type="checkbox"/> Delete
NAME	GONZALEZ, MARCIA	
STREET ADDRESS	13933 SW 10 ST.	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sosa, Ernesto	
STREET ADDRESS	13435 S.W. 128th St. - #106	
CITY-ST-ZIP	MIAMI - FL. 33186	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gonzalez Marcia	
STREET ADDRESS	13933 S.W. 10 St.	
CITY-ST-ZIP	MIAMI - FL. 33155	
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
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

04/24/02 (30D) 279-1100
 Date Daytime Phone #

CR2E034 (9/01)