2000 UNIFORM BUSINESS REPORT (UBR)

Jan 20, 2000 8:00 am DOCUMENT # K14853 **Secretary of State** PALMETTO TRUCK AND PARTS SALES, INC. 01-20-2000 90228 019 ***150.00 Mailing Address Principal Place of Business 9630 N W SOUTH RIVER DRIVE 1455 WEST 75TH STREET MEDLEY FL 33166 HIALEAH FL 33014-3813 C0007432 3. Mailing Address 9630A NW So. River Ir. 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For 65-0031848 Not Applicable Country Zip \$8.75 Additional Country Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BELLO, ALBERTO N. Street Address (P.O. Box Number is Not Acceptable) 1455 W. 75TH ST. HIALEAH FL 33014 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **™**Change TITLE TITLE Delete NAME NAME **BELLO, SILVIA** 14171 Leaning Pine Dr. Hipri Lakes, H 33014-2512 STREET ADDRESS STREET ADDRESS 1455 W. 75TH STREET CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33014 ☐ Addition TITLE □ Delete TITLE BELLO, ALBERTO N NAME NAME STREET ADDRESS STREET ADDRESS 1455 W 75 TH ST CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33014 Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-719 Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP " CITY-ST-ZIP

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

ike empowered.

nt with an address, with all other

SIGNATURE:

FILED