

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State
 09-17-2001 90011 009 ***550.00

DOCUMENT # K33476

1. Entity Name

AMERICAN USED AUTO PARTS INC.

Principal Place of Business

**10450 NW 134TH STREET
 HIALEAH FL 33018**

Mailing Address

**10450 NW 134TH STREET
 HIALEAH FL 33018**

2. Principal Place of Business

7265 NW 84 AVENUE

3. Mailing Address

7265 NW 84 AVENUE

City & State
MEDLEY FL

City & State
MEDLEY FL

4. FEI Number

65-0072651

Applied For

Not Applicable

Zip
33166

Country

DADE

Zip

33166

Country

DADE

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RODRIGUEZ, FRANCISCO
 10450 NW 134TH ST.
 HIALEAH GARDENS FL 33018**

7. Name and Address of New Registered Agent

Name **ROLANDO PASTOR RAMIREZ**

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

358 W 43th ST

City

HIALEAH

FL

Zip Code

33012

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

ROLANDO PASTOR RAMIREZ-PRESIDENT

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 \$550.00

**After September 12, 2001 Fee will be \$750.00
 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 **P** ☒ Delete
 NAME **RODRIGUEZ, FRANCISCO**
 STREET ADDRESS **10450 NW 134TH ST.**
 CITY-ST-ZIP **HIALEAH GARDENS FL 33018**

TITLE **ST** ☒ Delete
 NAME **RODRIGUEZ, MARTHAN**
 STREET ADDRESS **10450 NW 134TH ST.**
 CITY-ST-ZIP **HIALEAH GARDENS FL 33018**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☒ Addition
 NAME **PASTOR RAMIREZ, ROLANDO**
 STREET ADDRESS **358 W 43th ST**
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **VICE-PRESIDENT** ☐ Change ☒ Addition
 NAME **GARCIA, NICOLAS**
 STREET ADDRESS **358 W 43th ST**
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **SECRETARY** ☐ Change ☒ Addition
 NAME **SIFREDO, ILEANA**
 STREET ADDRESS **358 W 43th ST**
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **TREASURER** ☐ Change ☒ Addition
 NAME **GARCIA, OLGA**
 STREET ADDRESS **358 W 43 ST**
 CITY-ST-ZIP **HIALEAH FL 33012**

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

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:

SIGNATURE REQUIRED NICOLAS GARCIA
VICE-PRESIDENT

(305) 592-9288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)