

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90075 017 ***158.75

DOCUMENT # L73965

1. Entity Name

INDUSTRIAL TRUCK PARTS ENTERPRISES, INCORPORATED

Principal Place of Business

Mailing Address

8600 NW 70 ST.
 MIAMI FL 33166
 US

8600 NW 70 ST.
 MIAMI FL 33166-2643
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0198619**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA-CARTAYA, RICARDO
 7924 NW 66 ST.
 MIAMI FL 33166

Name *Ricardo Garcia-Cartaya*

Street Address (P.O. Box Number is Not Acceptable)
8600 NW 70 Street

City *Miami* FL *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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/27/00

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	GARCIA-CARTAYA, RICARDO	
STREET ADDRESS	13736 S.W. 9 TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CARCIA-CARTAYA, RICARDO	
STREET ADDRESS	13736 S.W. 9 TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	GARCIA-CARTAYA, MARIA	
STREET ADDRESS	13736 S.W. 9 TERR.	
CITY-ST-ZIP	MIAMI FL	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Ricardo Garcia-Cartaya</i>	
STREET ADDRESS	<i>12440 SW 22 Terrace</i>	
CITY-ST-ZIP	<i>Miami FL 33175</i>	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Ricardo Garcia-Cartaya</i>	
STREET ADDRESS	<i>12440 SW 22 Terrace</i>	
CITY-ST-ZIP	<i>Miami, FL 33175</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Maria Garcia-Cartaya</i>	
STREET ADDRESS	<i>12440 SW 22 Terrace</i>	
CITY-ST-ZIP	<i>Miami FL 33175</i>	
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 of supplemental reports 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

3/27/00

Date

305-591-8213

Daytime Phone #

CR2E034 (9/99)