

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90448 022 ***150.00

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DOCUMENT # L88971

1. Entity Name
FLORIDA GENERAL PARTS CORPORATION



Principal Place of Business
5621 SW 69 AVE
MIAMI FL 33143
US

Mailing Address
P. O. BOX 558032
MIAMI FL 33255
US



2. Principal Place of Business
7821 NW 159 Ter
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 5204
Suite, Apt. #, etc.

City & State
Miami Lakes

City & State
Miami

4. FEI Number
65-0209727

Applied For
Not Applicable

Zip
FI
Country
33016

Zip
FI
Country
33014

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CACHINERO, ANGEL C.
5621 SW 69TH AVE
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name
Angel C Cachinero
Street Address (P.O. Box Number is Not Acceptable)
7821 NW 159 Ter
City
Miami Lakes FL Zip Code
33016

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CACHINERO, ANGEL C.
5621 SW 69TH AVE
MIAMI FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CACHINERO, ANGEL C.
7821 NW 159 Ter
Miami Lakes FL 33016 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
CACHINERO, OLIMPIA C.
5621 SW 69 AVE
MIAMI FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
CACHINERO, OLIMPIA C.
7821 NW 159 Ter
Miami Lakes FL 33016 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Olimpia Cachinero**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03 **305.823.8604**
Date Daytime Phone #

CR2E034 (10/02)