

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001913

1. Entity Name

MARINE PARTS INTERNATIONAL L.L.C.

Principal Place of Business

Mailing Address

1711 BAY DRIVE  
MIAMI BEACH, FL. 33141

1711 BAY DRIVE  
MIAMI BEACH, FL. 33141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0910967

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUEVAS, ANDREW  
CUEVAS & RUBIN, P.A.  
9200 S. DADELAND BLVD. STE. 603  
MIAMI, FL. 33156

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE M  
NAME **MG** CONTRERAS NAVARRETE, PABLO A.  
STREET ADDRESS 4440 NW 73 AVE. CCS-4583 **MG**  
CITY-ST-ZIP MIAMI, FL. 33166

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

500003284215-0  
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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**Pablo Contreras** PABLO CONTRERAS 04.19.00 (305) 2659690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (11/99)