

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001913

1. Entity Name

MARINE PARTS INTERNATIONAL, L.L.C.

Principal Place of Business

1711 BAY DRIVE
MIAMI BEACH FL 33141

Mailing Address

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

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 ESQ
CUEVAS & RUBIN, P.A.
9200 S DADELAND BLVD SUITE 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
Due By September 26, 2001

100004597861--5
-09/19/01--01024--006
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM
STREET ADDRESS NAVARRETE, PABLO ANTONIO CANTRERAS
CITY-ST-ZIP 4440 NW 73 AVENUE, CCS-4583
MIAMI FL 33166

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME
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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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
SIGNATURE REQUIRED

28 Aug 01

305 265 9490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

STAPLE CHECK HERE

0003611

CR2E083 (5/01)

FILED
01 SEP -4 PM 12: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE