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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M50310

1. Corporation Name

miami a	UTO PARTS, INC.						
Principal Place	e of Business	Mailing Address				81811 81811 8181+ E1R+	, 91911 01811 1081
C/O WILLIAM R. EKASALA 13060 CAIRO LANE 0PA - LOCKA FL 33054 C/O WILLIAM R. EKASAL 13060 CAIRO LANE 0PA - LOCKA FL 33054 OPA - LOCKA FL 33054					DO NOT WRITE IN	THIS SPACE	
OFR - LOOKA	1. 30004	017 2000172 0007			3. Date Incorporated or Qualifed 04/15/1987	,	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	ρ.	Applied For
21		26			59-1612787		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27				Fee F	Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution		to Fees
Zip			Country า	•	8. This corporation owes the current year Intangible		
24	25	29 30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Currer	t Registered Agent	81	Name	10. Name and Address of New Regist	ereu Agent	
FKA	SALA, WILLIAM R.		"	Name			
13060 CAIRO LANE			82	Street Addr	ess (P.O. Box Number is Not Acceptable)	_	
OPA-LOCKA FL 33054			83				
0111	. 2001011. 2 00001		53		,		
			84	City		FL 85 Zip	Code
office or r	egistered agent, or both, in the State in familiar with, and accept the obligations of the obligation	of Flonda. Such change was authoritions of, Section 607.0505, Florida It and title if applicable. (NOTE: Reg	Statutes	the corporation.	oration submits this statement for the purpo on's board of directors. I hereby accept the a d when reinstating)	TE .	egisiered
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER		
TITLE	PTD	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	EKASALA, WILLIAM R.		1.2 NAME				Į
STREET ADDRESS	13060 CAIRO LN		1.3 STREE	TADDRESS		•	
CITY-ST-ZiP	OPA-LOCKA FL		1.4 CITY-S	T-ZIP			
TITLE	VSD	☐ DÉLETE	2.1 TITLE			Change	e
NAME	GALLAGHER, GLENDA H.		2.2 NAME				
STREET ADDRESS	13060 CAIRO LANE		2.3 STREE	TADDRESS	·		
CITY-ST-ZIP	OPA LOCKA FL		2.4 CITY-5	ST- ZIP			Addition
TITLE	V	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME	EKASALA, MARC		3.2 NAME				į
STREET ADDRESS	13060 CAIRO LN		3.3 STREE	TADDRESS			
CITY-ST-ZIP	OPA LOCKA FL 33054		3.4. CITY-5	ST-ZiP			e 🗂 Addition
TITLE		☐ DELETE	4.1 TITLE			☐ Change	a Madition
NAME			4. 2 NAME				
STREET ADDRESS				TADDRESS		-	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		DELETE	5.1 TITLE		·	☐ Change	e
NAME			5.2 NAME			.1	1
STREET AND DESS			5.3 STREE	TADDRESS			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

62 NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ Change

305-688-6661

☐ Addition