

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M55541

1. Entity Name

M. S. & L. AUTO PARTS, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90123 021 ***150.00

Principal Place of Business

Mailing Address

1150 W MOWRY
 C/O A & L ECONOMY TOWING INC
 HOMESTEAD FL 33030
 US

111 SW 2 STREET
 HOMESTEAD FL 33030-7013
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1150 W. Mowry

29137 S.W. 186 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Homestead, FL.

Homestead, FL.

4. FEI Number

65-0033787

Applied For

Not Applicable

Zip 33030

Country U.S.A.

Zip 33030

Country U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TICE, JAMES E
 16220 SW 280TH ST
 HOMESTEAD FL 33031

Name Terry Filipovic

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

29137 S.W. 186 Ave.

City Homestead

FL

Zip 33030

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

T. Filipovic

Terry Filipovic

4-19-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 checked="" type="checkbox"/> Delete
NAME	VANDERFORD, HOLLIS	
STREET ADDRESS	12016 SW 268 TERRACE	
CITY - ST - ZIP	MIAMI FL 33032	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	VANDERFORD, SANDY	
STREET ADDRESS	12016 SW 268TH TERRACE	
CITY - ST - ZIP	MIAMI FL 33032	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DZONSON Filipovic (PD)	
STREET ADDRESS	29137 S.W. 186 Ave.	
CITY - ST - ZIP	Homestead, FL. 33030	
TITLE	(SD)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terry Filipovic	
STREET ADDRESS	29137 S.W. 186 Ave.	
CITY - ST - ZIP	Homestead, FL. 33030	
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		
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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

T. Filipovic

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00 (305)242-9685

Date

Daytime Phone #

CR2E034 (9/99)