

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90082 010 \*\*\*150.00

0116418

**DOCUMENT # M55541**  
 1. Entity Name  
**M. S. & L. AUTO PARTS, INC.**

Principal Place of Business: **1150 W MOWRY**  
~~C/O A & L ECONOMY TOWING INC~~  
**HOMESTEAD FL 33030**  
**US**

Mailing Address: **111 SW 28 STREET**  
**HOMESTEAD FL 33030**  
**US**

*please change address*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1150 W. Mowry Dr.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**29137 S.W. 186 Ave**  
 Suite, Apt. #, etc.

City & State: **Homestead FL.** City & State: **Homestead FL.**

Zip: **33030** Country: **USA** Zip: **33030** Country: **USA**

4. FEI Number **65-0033787** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**FILIPOVIC, TERRY**  
**29137 SW 186 AVE**  
**HOMESTEAD FL 33030**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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, 2001 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

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>FILIPOVIC, DZONSON</b>
STREET ADDRESS	<b>29137 SW 186 AVE</b>
CITY-ST-ZIP	<b>HOMESTEAD FL 33030</b>
TITLE	<b>SD</b> <input type="checkbox"/> Delete
NAME	<b>FILIPOVIC, TERRY</b>
STREET ADDRESS	<b>29137 SW 186 AVE</b>
CITY-ST-ZIP	<b>HOMESTEAD FL 33030</b>
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: *Terry Filipovic* **Terry Filipovic** **1/22/01** **(305) 248-7647**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)