

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90147 035 ***150.00

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DOCUMENT # P00000016440

1. Entity Name

COIMPARTS MIAMI, INC.

Principal Place of Business

3272 NW 72ND AVENUE
MIAMI FL 33122

Mailing Address

3272 NW 72ND AVENUE
MIAMI FL 33122

00043109



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6470 SW 38th St
Suite, Apt. #, etc.

3. Mailing Address

6470 SW 38th St
Suite, Apt. #, etc.

City & State

Miami, FL 33155

City & State

Miami, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

33155

Country

U.S.A.

Zip

33155

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LLINAS, JOSE JAVIER
6470 SW 38TH STREET
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name Nelson Luis Martinez

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

12397 Rockledge Circle

City Boca Raton

FL

Zip Code 33428

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

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 D
NAME LLINAS, JOSE JAVIER
STREET ADDRESS 3272 NW 72ND AVENUE
CITY-ST-ZIP MIAMI FL 33122 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/P/VP
NAME Nelson Luis Martinez
STREET ADDRESS 12397 Rockledge Circle
CITY-ST-ZIP Boca Raton, FL 33428 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/01

(305) 205-8781

Date

Daytime Phone #

CR2E034 (10/00)