

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000083231

1. Entity Name
LIFT PARTS UNLIMITED INC.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90007 017 ***150.00

Principal Place of Business

11925 N.E. 2ND AVENUE
#110B
NORTH MIAMI FL 33161

Mailing Address

11925 N.E. 2ND AVENUE
#110B
NORTH MIAMI FL 33161

00044004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9092 NW S. River Drive
Suite, Apt. #, etc. #57

11925 NE 2 AVE
Suite, Apt. #, etc. 110B

City & State

Medley, FL

City & State

N. Miami Florida

Zip 33166

Country Dade/USA

Zip 33161

Country U.S.A

4. FEI Number

65-1036580

Applied For

Not Applicable

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

LLAMOCA, ISIDRO
11925 N.E. 2ND AVENUE
#110B
NORTH MIAMI FL 33161

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 *Isidro Llamoca*

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LLAMOCA, ISIDRO	
STREET ADDRESS	11925 N.E. 2ND AVENUE	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/01 305-863-6100

CR2E034 (10/00)