

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90170 040 ***158.75

DOCUMENT # P00000100376

1. Entity Name
NIPPON AUTO PARTS & ACCESSORIES, INC.

Principal Place of Business
15591 SW 63RD TERR
MIAMI FL 33193

Mailing Address
15591 SW 63RD TERR
MIAMI FL 33193

00040401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15591 SW 63rd Terr

3. Mailing Address
15591 SW 63 TERR

City & State
Miami - FL

City & State
Miami - FL

4. FEI Number Applied For Not Applicable

Zip Country Zip Country

33193 **33193**

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

6. Name and Address of Current Registered Agent
BELLON, GABRIEL
15591 SW 63RD TERR
MIAMI FL 33193

7. Name and Address of New Registered Agent
 Name **Oneida Bellon**
 Street Address (P.O. Box Number is Not Acceptable)
15591 SW 63 TERR
 City **Miami** FL Zip Code **33193**

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 *Juan B Bellon* DATE **4/26/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD BELLON, JUAN B 15591 SW 63RD TERR MIAMI FL 33193	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BELLON, ONEIDA Z 15591 S.W 63 TERR Miami - FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BELLON, ONEIDA Z 15591 SW 63RD TERR MIAMI FL 33193	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Bellon, JUAN B 15591 S.W 63 TERR Miami - FL 33193
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Juan B Bellon PTD</i>	TITLE 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: *Juan B Bellon* **JUAN B. Bellon VSD. 4-26-01** **305-388-0225**

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

CR2E034 (10/00)