

2001 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

15591 SW 63rd Terr

3. Mailing Address

15591 SW 63 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami - FL

City & State

Miami - FL

Zip

Country

33193

Zip

Country

33193

4. FEI Number

☒ 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

BELLON, GABRIEL
15591 SW 63RD TERR
MIAMI FL 33193

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD
NAME BELLON, JUAN B
STREET ADDRESS 15591 SW 63RD TERR
CITY-ST-ZIP MIAMI FL 33193

TITLE PTD
NAME BELLON, ONEIDA Z
STREET ADDRESS 15591 S.W 63 TERR
CITY-ST-ZIP Miami - FL 33193

TITLE VSD
NAME BELLON, ONEIDA Z
STREET ADDRESS 15591 SW 63RD TERR
CITY-ST-ZIP MIAMI FL 33193

TITLE VSD
NAME BELLON, JUAN B
STREET ADDRESS 15591 S.W 63 TERR
CITY-ST-ZIP Miami - FL 33193

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #

JUAN B. BELLON VSD. 4-26-01 305-388-0225

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

05-04-2001 90170 040 ***158.75

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)