

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90065 006 ***150.00

DOCUMENT # P00000103815

1. Entity Name
A&L TRUCK PARTS & EQUIPMENT, INC.

Principal Place of Business
12079 W OKEECHOBEE RD
HIALEAH GARDENS FL 33016

Mailing Address
12079 W OKEECHOBEE RD
HIALEAH GARDENS FL 33016

2. Principal Place of Business

3. Mailing Address

GUILLERMO RODRIGUEZ
Suite, Apt. #, etc.
4011 W. FLAGLER ST. 403

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI-FL

Zip

Country

Zip

Country

33134

DA08

4. FEI Number **65-1058875**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPEZ, SERVANDO
12079 W OKEECHOBEE RD
HIALEAH GARDENS FL 33016

Name

GUILLERMO RODRIGUEZ

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

4011 W. FLAGLER ST. SUITE 403

City

MIAMI

FL

Zip Code

33134

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, 2002 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 **D** ☐ Delete
NAME **LOPEZ, SERVANDO**
STREET ADDRESS **12079 W OKEECHOBEE RD**
CITY-ST-ZIP **HIALEAH GARDENS FL 33016**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-02 305 696-3525

CR2E034 (9/01)