

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90215 045 ***150.00

DOCUMENT # **P01000019924**

1. Entity Name

General Parts + Maintenance Systems Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3335 NW 72nd Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida

City & State

4. FEI Number

65-1082117

Applied For

Not Applicable

Zip

33122

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Carlos Mangual

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

211 NW 135th Way

City

Plantation

FL

Zip Code

33325

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

Carlos Mangual

President

DATE

4/29/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$650.00

Amended UBR is \$61.25

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	President	TITLE	
NAME	Carlos Mangual	NAME	
STREET ADDRESS	211 NW 135th Way	STREET ADDRESS	
CITY-ST-ZIP	Plantation, FL. 33325	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	Luis Pace	NAME	
STREET ADDRESS	6957 SW 128 St	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL. 33183	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	Joseph Gayne	NAME	
STREET ADDRESS	3901 NW 115 Ter	STREET ADDRESS	
CITY-ST-ZIP	Surprise, FL. 33323	CITY-ST-ZIP	
TITLE	Treasurer	TITLE	
NAME	Christopher Stanton	NAME	
STREET ADDRESS	9530 NW 31 Pl	STREET ADDRESS	
CITY-ST-ZIP	Surprise, FL. 33351	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 954-818-0380

CR2E034B (12/01)