

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000029617

1. Entity Name
L.P.D. AUTOMOTIVE, INC.

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90062 011 ***558.75

Principal Place of Business
5880 NW 110TH DR.
HIALEAH FL 33012

Mailing Address
5880 NW 110TH DR.
HIALEAH FL 33012

2. Principal Place of Business
2530 W. 78 St.

3. Mailing Address
2530 W. 78 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bay #3

Bay #3

City & State

City & State

Hialeah, FL

Hialeah, FL

Zip

Zip

33016

33016

Country

Country

USA

USA

4. FEI Number
65-1086059

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

GONZALEZ, FRANK
5880 NW 110TH DR.
HIALEAH FL 33012

Name
Gonzalez, Francisco
Street Address (P.O. Box Number is Not Acceptable)
1855 W 60 St, Apt #214

City Hialeah FL Zip Code 33012

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Director

7/14/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
NAME GONZALEZ, FRANK
STREET ADDRESS 5880 NW 110TH DR.
CITY-ST-ZIP HIALEAH FL 33012 ☐ Delete

TITLE D
NAME Gonzalez, Francisco
STREET ADDRESS 1855 W 60 St, Apt #214
CITY-ST-ZIP Hialeah, FL 33012 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Francisco Gonzalez

7/14/02

(805) 835-3736

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)