

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90184 013 \*\*\*150.00

**DOCUMENT # P01000060335**

1. Entity Name  
**A & M AUTOMOTIVE & USED PARTS, INC.**



Principal Place of Business  
**6781 S.W. 105 PLACE  
MIAMI FL 33173**

Mailing Address  
**6781 S.W. 105 PLACE  
MIAMI FL 33173**



2. Principal Place of Business

3. Mailing Address

**3020 NW. 23th.**

**3020 NW. 23th.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Miami FL**

**Miami FL**

Zip

Country

Zip

Country

**33142**

**USA**

**33142**

**USA**

4. FEI Number

**65-1115965**

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, JORGE L**

**2191 NW 07 AVE**

**MIAMI FL 33172**

Name

**BERTHA B. DE LA CRUZ**

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

**6781 SW. 105 PL.**

City

**Miami**

**FL**

Zip Code

**33173**

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, the registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**BERTHA B. DE LA CRUZ**

**1/21/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DE LA CRUZ, BERTHA B</b>	
STREET ADDRESS	<b>6781 SW 105 PLACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with this address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/21/03**

Date

**3056331296**

Daytime Phone #

CR2E034 (10/02)