

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90033 010 ***150.00

DOCUMENT # P95000003230

1. Entity Name

Lima Parts Unlimited Inc.

Principal Place of Business

12800 Cane Lane
 Miami, FL 33054

Mailing Address

12800 Cane Lane
 Miami, FL 33054

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0577500

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

Fabio Gomez
 12800 Cane Lane
 Miami, FL 33054

Name

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

City

FL

Zip Code

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 date 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) ☐

**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	VD	☐ Delete
NAME	Jorge A. Gomez	
STREET ADDRESS	12800 Cane Lane	
CITY-ST-ZIP	Miami, FL 33054	
TITLE	PD	☐ Delete
NAME	Oscar Dario M. Lopez	
STREET ADDRESS	12800 Cane Lane	
CITY-ST-ZIP	Miami, FL 33054	
TITLE	TD	☐ Delete
NAME	Yes Marina Gomez	
STREET ADDRESS	12800 Cane Lane	
CITY-ST-ZIP	Miami, FL 33054	
TITLE	SD	☐ Delete
NAME	Luz Dary G. Garcia	
STREET ADDRESS	12800 Cane Lane	
CITY-ST-ZIP	Miami, FL 33054	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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: Marina Gomez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Required

CR26034 (11/00)

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Mailing Address

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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0577500

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$3.75 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

Fabio Gomez
12800 Caine Lane
Miami, FL 33054

Name

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

City

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 of person who is registered agent or authorized officer

Signature of person who is registered agent or authorized officer

Date

9. This corporation is eligible to satisfy its intangible
tax filing requirement and wishes to do so.
(See instructions on back)

☐

10. Election Campaign Financing
Trust Fund Contribution

☐

\$5,000 or More
Additional Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONAL INFORMATION TO OFFICERS AND DIRECTORS

TITLE: VD
NAME: Jorge A. Gomez
STREET ADDRESS: 12800 Caine Lane
CITY-STATE-ZIP: Miami, FL 33054

TITLE: ☐ Officer ☐ Director
NAME: ☐ Change ☐ Add
STREET ADDRESS: ☐ Change ☐ Add
CITY-STATE-ZIP: ☐ Change ☐ Add

TITLE: PD
NAME: Oscar Danilo M. Lopez
STREET ADDRESS: 12800 Caine Lane
CITY-STATE-ZIP: Miami, FL 33054

TITLE: ☐ Officer ☐ Director
NAME: ☐ Change ☐ Add
STREET ADDRESS: ☐ Change ☐ Add
CITY-STATE-ZIP: ☐ Change ☐ Add

TITLE: YES Marina Gomez
STREET ADDRESS: 12800 Caine Lane
CITY-STATE-ZIP: Miami, FL 33054

TITLE: ☐ Officer ☐ Director
NAME: ☐ Change ☐ Add
STREET ADDRESS: ☐ Change ☐ Add
CITY-STATE-ZIP: ☐ Change ☐ Add

TITLE: SD
NAME: Luz Dany G. Garcia
STREET ADDRESS: 12800 Caine Lane
CITY-STATE-ZIP: Miami, FL 33054

TITLE: ☐ Officer ☐ Director
NAME: ☐ Change ☐ Add
STREET ADDRESS: ☐ Change ☐ Add
CITY-STATE-ZIP: ☐ Change ☐ Add

TITLE: ☐ Officer ☐ Director
NAME: ☐ Change ☐ Add
STREET ADDRESS: ☐ Change ☐ Add
CITY-STATE-ZIP: ☐ Change ☐ Add

TITLE: ☐ Officer ☐ Director
NAME: ☐ Change ☐ Add
STREET ADDRESS: ☐ Change ☐ Add
CITY-STATE-ZIP: ☐ Change ☐ Add

TITLE: ☐ Officer ☐ Director
NAME: ☐ Change ☐ Add
STREET ADDRESS: ☐ Change ☐ Add
CITY-STATE-ZIP: ☐ Change ☐ Add

TITLE: ☐ Officer ☐ Director
NAME: ☐ Change ☐ Add
STREET ADDRESS: ☐ Change ☐ Add
CITY-STATE-ZIP: ☐ Change ☐ Add

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: Marina Gomez

SIGNATURE AND TYPE OF POSITION

Date

Signature of Agent