

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000004176

1. Entity Name

TEJON USED TRUCK PARTS, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90041 045 ***150.00

Principal Place of Business

10910 NW S RIVER DR
MEDLEY FL 33178
US

Mailing Address

10901 NW SQ. RIVER DRIVE
MEDLEY FL 33178-1132
US

2. Principal Place of Business

3. Mailing Address

10910 N.W. SQ. RIVER DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

City & State

City & State

MEDLEY FLA

4. FEI Number

65-0640804

Applied For

Not Applicable

Zip

Country

Zip

33178

Country

US

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

TEJON, PEDRO B
17933 SW 33 ST
MIRAMAR FL 33029

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 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, 2000 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 PD
NAME TEJON, ARAMIS R
STREET ADDRESS 17992 SW 33 ST
CITY-ST-ZIP MIRAMAR FL 33029 ☐ Delete

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

TITLE ST
NAME TESON, ELSA
STREET ADDRESS 17992 SW 33 ST
CITY-ST-ZIP MIRAMAR FL 33029 ☐ Delete

TITLE ST
NAME TESON, ELSA
STREET ADDRESS 17992 SW 33 ST
CITY-ST-ZIP MIRAMAR FL 33029 ☒ Change ☐ Addition

TITLE ST
NAME TEJON, ELSA
STREET ADDRESS 2607 SW 177 AVE
CITY-ST-ZIP MIRAMAR FL ☐ Delete

TITLE
NAME TESON PEDRO B.
STREET ADDRESS 17933 SW 33 ST.
CITY-ST-ZIP MIRAMAR FL 33178 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

ARAMIS R. TEJON PD

4-24-00 (305) 889-2029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #