

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90078 008 \*\*\*150.00

**DOCUMENT # P96000004176**

1. Entity Name

**TEJON USED TRUCK PARTS, INC.**

Principal Place of Business

**10910 NW S RIVER DR  
MEDLEY FL 33178  
US**

Mailing Address

**10901 NW SO. RIVER DRIVE  
MEDLEY FL 33178  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**10910 N.W.S.O.RIVER DR.**

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

**MEDLEY FL**

Zip

**33178**

Country

**US**

4. FEI Number

**65-0640804**

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

**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, 2001 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 PD  
NAME TEJON ARAMIS R.  
STREET ADDRESS 17992 S.W. 33 ST.  
CITY-ST-ZIP MIRAMAR FL 33178 ☒ Change ☐ Addition

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

TITLE ST.  
NAME TEJON PEDRO B.  
STREET ADDRESS 17933 S.W. 33 CT.  
CITY-ST-ZIP MIRAMAR, FL 33029 ☒ Change ☐ Addition

TITLE ST  
NAME TEJON, PEDRO B  
STREET ADDRESS 17933 SW 33 CT  
CITY-ST-ZIP MIRAMAR FL 33178 ☐ 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ARAMIS R. TEJON P.D. 4-16-01 (305) 889-2029**

Date

Daytime Phone #

CR2E034 (10/00)