

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90124 014 ***150.00

DOCUMENT # P96000028072

1. Entity Name

MS & L AUTO PARTS PLUS, INC.



Principal Place of Business

12705 CAIRO LANE

OPA LOCKA FL 33054-4613

Mailing Address

12705 CAIRO LANE

OPA LOCKA FL 33054-4613

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0660287

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

MIRANDA, EMILIO

12705 CAIRO LANE

OPA LOCKA FL 33054-4613

Name

Miranda, Gustavo

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

12705 Cairo Lane

City **Opa-Locka**

FL

Zip Code

33018

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **PD** ☐ Delete
NAME **MIRANDA, EMILIO**
STREET ADDRESS **14333 NW 87TH PLACE**
CITY-ST-ZIP **MIAMI FL 33018**

TITLE **PD** ☐ Change ☐ Addition
NAME **Miranda, Gustavo**
STREET ADDRESS **14333 NW 87th Place**
CITY-ST-ZIP **Hialeah, Florida 33018**

TITLE **SD** ☐ Delete
NAME **MIRANDA, GUSTAVO**
STREET ADDRESS **14333 NW 87TH PLACE**
CITY-ST-ZIP **MIAMI FL 33018**

TITLE **VPD** ☐ Change ☐ Addition
NAME **Miranda, Tania**
STREET ADDRESS **14333 NW 87th PLace**
CITY-ST-ZIP **Hialeah, Florida 33018**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUSTAVO MIRANDA

Date

Daytime Phone #

1/16/03 (305)687-7106

CR2E034 (10/02)