

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

192

DOCUMENT # P96000077234

1. Entity Name
M&P TRUCK PARTS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -3 AM 8:00

Principal Place of Business
3700 S.W. 47TH AVENUE
DAVIE FL 33314

Mailing Address
3700 S.W. 47TH AVENUE
DAVIE FL 33314

2. Principal Place of Business
3700 SW 47 Ave
Suite, Apt. #, etc.

3. Mailing Address
4150 SW 47 Ave
Suite, Apt. #, etc.

REINSTATEMENT

03

☐ CHECK HERE IF MAKING CHANGES

City & State
Davie FL 33314
Zip 33314 Country USA

City & State
Davie Florida
Zip 33314 Country USA

4. FEI Number 65-0697646

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DANIELLE, MICHAEL
3700 S.W. 47TH AVENUE
DAVIE FL 33314

7. Name and Address of New Registered Agent

Name Rosemarie Danielle
Street Address (P.O. Box Number is Not Acceptable)
4150 SW 47 Ave
Davie Florida
City FL Zip Code 33314

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 Rosemarie Danielle

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

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME DANIELLE, ROSEMARIE
STREET ADDRESS 4150 SW 47TH AVE
CITY-ST-ZIP DAVIE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100025231561
12/04/03--01027--002 ***150.00

TITLE P
NAME DANIELLE, MICHAEL
STREET ADDRESS 6674 NW 13 WAY
CITY-ST-ZIP PARKLAND FL

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 persons empowered.

SIGNATURE:

Rosemarie Danielle

Nov 17 - 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

292

to whom it Concerns NOV-19-2003
2003 Profit Corporation
Notice has never been
received
document # P96000077234

Please waive Reinstatement
fee

thank You
Rosemarie Alonelli