

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90023 004 ***150.00

DOCUMENT # P96000080769 JOK

1. Corporation Name
PARTS & MORE UNLIMITED

Principal Place of Business

7370 NW 36 ST. #210F
MIAMI, FL, 33166

Mailing Address

12527 NW 7th LANE
MIAMI, FL, 33182

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9/30/96

4. FEI Number

65-0722447

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☒ No

2. Principal Place of Business

7370 NW 36 ST. #210F
Suite, Apt. #, etc.

City & State

Zip

Country

25

2a. Mailing Address

7370 NW 36 ST. #210F
Suite, Apt. #, etc.

City & State

Zip

Country

26

MIAMI, FLORIDA

27

MIAMI, FL, 33182

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MIAMI, FL, 33182

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MIAMI, FL, 33182

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9. Name and Address of Current Registered Agent

ALFREDO FERRER
12527 NW 7th LANE
MIAMI, FL, 33182

10. Name and Address of New Registered Agent

81

Name ALFREDO FERRER

82

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

7370 NW 36 ST. #210F

83

84

City MIAMI

FL

Zip Code 33166

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/28/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PRESIDENT	ALFREDO FERRER	12527 NW 7th LANE	MIAMI, FLORIDA, 33182	<input type="checkbox"/>
VICE-PRESIDENT	SHARON FERRER	12527 NW 7th LANE	MIAMI, FL, 33182	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PRESIDENT	ALFREDO FERRER	7370 NW 36 ST. #210F	MIAMI, FL, 33166	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VICE-PRESIDENT	SHARON FERRER	7370 NW 36 ST. #210F	MIAMI, FLORIDA, 33166	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, with an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALFREDO FERRER

Date

04/28/99

Daytime Phone #

305-4365958