

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000096335

1. Entity Name

LEGENDS AUTO PARTS, PAINTS & ACCESSORIES, INC.

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90027 049 \*\*\*150.00

Principal Place of Business

820 N 8TH ST  
UNIT 1  
LANTANA FL 33462  
US

Mailing Address

820 N 8TH ST  
UNIT 1  
LANTANA FL 33462-1666  
US

80019402



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6120 GEORGIA AVE  
Suite, Apt. #, etc.

3. Mailing Address

6120 GEORGIA AVE  
Suite, Apt. #, etc.

City & State

West Palm Bch FL

City & State

WEST PALM BCH FL

4. FEI Number

65-0711191

Applied For

Not Applicable

Zip

33406

Country

USA

Zip

33406

Country

USA

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

CASELLA, VINCENT  
820 N 8TH ST  
UNIT 1  
LANTANA FL 33462

Name

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

6120 GEORGIA AVE

City

WEST PALM BCH

FL

Zip Code

33406

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

*Vincent Casella*  
Signature, typed or printed name of registered agent and title if applicable.

*Vincent Casella*  
(NOTE: Registered Agent signature required when reinstating)

*2/5/00*  
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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
CASELLA, VINCENT  
6697 FLORIDA DR  
LANTANA FL 33462 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
CASELLA, MIKE  
820 N 8TH ST UNIT #1  
LANTANA FL 33462 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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NAME  
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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:

*Mike Casella*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/5/00*  
Date

*561-582-7113*  
Daytime Phone #