

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000014241

1. Entity Name

U.S.A. 2000 AUTO PARTS & ACCESSORIES EXPORT, INC

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90070 032 ***150.00

Principal Place of Business

8228 NORTHWEST 68 STREET
MIAMI FL 33166

Mailing Address

8228 NORTHWEST 68 STREET
MIAMI FL 33166-2759

2. Principal Place of Business

2464 W 80 ST

3. Mailing Address

2464 W 80 ST

Suite, Apt. #, etc.

BAY # 1

Suite, Apt. #, etc.

BAY # 1

City & State

HAIALEAH, FL

City & State

HAIALEAH, FL

Zip

33016

Country

USA

Zip

33016

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0728037

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESTRADA, ALDO V
20420 NW 55TH CT
MIAMI FL 33055

7. Name and Address of New Registered Agent

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, 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 PSD
NAME ESTRADA, ALDO V
STREET ADDRESS 8228 NORTHWEST 68 STREET
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

TITLE VTD
NAME ESTRADA, LENIS
STREET ADDRESS 8228 NORTHWEST 68 STREET
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 ☐ Change ☐ Addition

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

ALDO V. ESTRADA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00 305-558-0201
Date Daytime Phone #

CR2F034 (9/99)