

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 97000039004(1)

1. Entity Name

E. B. E. ATLANTIC USED AUTO PARTS CO.

FILED

01 SEP 21 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

893 East 29th Street  
Hialeah, FL 33013

893 East 29th Street  
Hialeah, FL 33013

2. Principal Place of Business

8501 NW 96 St

3. Mailing Address

8501 NW 96 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MEDLEY Florida

City & State

MEDLEY Florida

4. FEI Number

65-0749354

Applied For

Not Applied

Zip

33166-2042

Country

USA

Zip

33166-2042

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Estevez EDUARDO  
893 East 29th Street  
Hialeah, FL 33013

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, 2001 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: P.D.  
NAME: ESTEVEZ EDUARDO  
STREET ADDRESS: 893 East 29th Street  
CITY-ST-ZIP: Hialeah FL 33013 ☐ Delete

TITLE: V.D.  
NAME: ESTEVEZ ANTONIO E.  
STREET ADDRESS: 1793 West 57th Street  
CITY-ST-ZIP: Hialeah FL 33012 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
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TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Add  
NAME: ☐ Change ☐ Add  
STREET ADDRESS: ☐ Change ☐ Add  
CITY-ST-ZIP: ☐ Change ☐ Add

200004619192-8  
-10/01/01--01104--001  
\*\*\*1500.00 \*\*\*\*300.00

TITLE: ☐ Change ☐ Add  
NAME: ☐ Change ☐ Add  
STREET ADDRESS: ☐ Change ☐ Add  
CITY-ST-ZIP: ☐ Change ☐ Add

TITLE: ☐ Change ☐ Add  
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TITLE: ☐ Change ☐ Add  
NAME: ☐ Change ☐ Add  
STREET ADDRESS: ☐ Change ☐ Add  
CITY-ST-ZIP: ☐ Change ☐ Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ☒

Eduardo Estevez

4/12/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #