

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000051575

1. Entity Name

GENERAL PARTS DEPOT CORP.

FILED

Apr 22, 2000 8:00 am  
Secretary of State

04-22-2000 90033 002 \*\*\*158.75

Principal Place of Business

Mailing Address

~~8045 N.W. 36 STREET~~

~~8045 N.W. 36 STREET~~

~~MIAMI~~

~~#515~~

~~MIAMI FL 33166-0027~~

~~MIAMI FL 33166-0027~~

~~US~~

~~US~~

2. Principal Place of Business

3. Mailing Address

8001 NW 36 STREET

8201 NW 66 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 106

SUITE 4

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Zip

33166

33166

Country

Country

US

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0772985

Applied For

Not Applicable

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

PONCE, LUIS JR.

~~8045 N.W. 36 STREET~~

~~#515~~

~~MIAMI FL 33166-0027~~

Name

PONCE, LUIS JR.

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

8001 NW 36 STREET

SUITE 106

City

MIAMI

FL

Zip Code 33166

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 of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

PONCE, LUIS JR.

04/14/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input type="checkbox"/> Delete
NAME	PONCE, LUIS JR.	
STREET ADDRESS	<del>8045 N.W. 36 STREET</del>	
CITY-ST-ZIP	<del>MIAMI FL 33166-0027</del>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>PONCE, LUIS JR.</del>	
STREET ADDRESS	<del>8045 N.W. 36 STREET</del>	
CITY-ST-ZIP	<del>MIAMI FL 33166-0027</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P V S T D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONCE, LUIS JR	
STREET ADDRESS	8001 NW 36 STREET # 100	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PONCE, LUIS JR.

04/14/00 (305) 477-0404

Date

Daytime Phone #

CR2E034 (9/99)