

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000059489

1. Entity Name

PPM PARTS-EQUIPMENT CORP.

Principal Place of Business

1571 SW 124 PLACE
MIAMI FL 33184

Mailing Address

1571 SW 124 PLACE
MIAMI FL 33184-2348

2. Principal Place of Business

8161 N.W. 60 Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip
33166

Country
USA

Zip

Country

4. FEI Number

65-0765659

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUILLEN, SANDRA
1571 SW 124 PLACE
MIAMI FL 33184

7. Name and Address of New Registered Agent

Name

GUILLEN, PEDRO P.

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

1571 S.W. 124 PLACE

City

MIAMI

FL

Zip Code

33184

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

Pedro P. Guillen

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/18/2000

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

TITLE PD
NAME GUILLEN, PEDRO P
STREET ADDRESS 1571 SW 124 PLACE
CITY-ST-ZIP MIAMI FL 33184 ☐ Delete

TITLE VD
NAME GUILLEN, SANDRA
STREET ADDRESS 1571 SW 124 PLACE
CITY-ST-ZIP MIAMI FL 33184 ☐ 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

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

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:

Pedro P. Guillen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/2000

Date

305-715-7393

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE