

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000068553

1. Entity Name

ATLANTIC EQUIPMENT & PARTS, INC.

FILED

Apr 23, 2000 8:00 am  
Secretary of State

04-23-2000 90014 008 \*\*\*150.00

Principal Place of Business

Mailing Address

4322 FOXTAIL LANE  
WESTON FL 33331  
US

4322 FOXTAIL LANE  
WESTON FL 33331-3845  
US

2. Principal Place of Business

3. Mailing Address

16969 N.W. 67 AVE.

16969 NW 67 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 200

SUITE 200

City & State

City & State

MIAMI, FL.

MIAMI, FL.

Zip

Country

Zip

Country

33015

33015



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0786190

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

RODRIGUEZ, FRANCISCO J  
15495 MIAMI LAKE WAY NORTH #101  
MIAMI LAKES FL 33014

Name

BEATRIZ RODRIGUEZ

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

6505 N.W. 169 ST. APT. C-107

City

MIAMI, FL.

FL

Zip Code

33015

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

*Beatriz Rodriguez*

BEATRIZ RODRIGUEZ

DATE

4/10/00

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	PST	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, FRANCISCO J	
STREET ADDRESS	4322 FOXTAIL LANE	
CITY-ST-ZIP	WESTON FL 33331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PST/T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEATRIZ RODRIGUEZ	
STREET ADDRESS	16969 N.W. 67th AVE Suite 200	
CITY-ST-ZIP	MIAMI FL. 33015	
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:

*Beatriz Rodriguez*

BEATRIZ RODRIGUEZ 4/10/00

Date

Daytime Phone #

CP2E034 (9/99)