

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000077994

1. Entity Name

UNITED TRUCK & AUTO PARTS, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90035 012 ***150.00

Principal Place of Business

Mailing Address

7216 NW 72 AVENUE
 MIAMI, FL 33166

2. Principal Place of Business

3. Mailing Address

9008 NW 106 STREET

9008 NW 106 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

c/o Nicole Von Strolley

c/o Nicole Von Strolley

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0780966

Applied For

Not Applicable

Zip

33178

Country

USA

Zip

33178

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NICOLE VON STROLLEY
 302 SW 159 DRIVE
 PEMBROKE PINES, FL 33027

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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$450.00
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	<input type="checkbox"/> Delete
NAME	LORAIN VON STROLLEY
STREET ADDRESS	302 SW 159 DRIVE
CITY-ST-ZIP	PEMBROKE PINES, FL 33027
TITLE SD	<input type="checkbox"/> Delete
NAME	NICOLE VON STROLLEY
STREET ADDRESS	302 SW 159 DRIVE
CITY-ST-ZIP	PEMBROKE PINES, FL 33027
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:

N. von Strolley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #