

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P97000089942**

1. Entity Name

ARI'S PARTS SPECIALIST, INC.**FILED**
Jun 25, 2001 8:00 am
Secretary of State

06-25-2001 90041 050 ***150.00

A0071501

DO NOT WRITE IN THIS SPACE

Principal Place of Business
8530 NW 61st Street
Miami, FL 33166Mailing Address
8530 NW 61st Street
Miami, FL 331662. Principal Place of Business
8530 NW 61st Street3. Mailing Address
8530 NW 61st Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FLCity & State
Miami, FL4. FEI Number
65-0793786Applied For
Not ApplicableZip
33166Country
USAZip
33166Country
USA5. 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

Rapport, Stephen R
201 Alhambra Circle
Suite 711
Coral Gables, FL 33134

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 State10. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ARISTEIGUIETA, Luis A
564 Willow Bend Rd.
Wheaton, FL 33327☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
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☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis ARISTEIGUIETA**6/18/01**
Date**(305) 3925454**
Daytime Phone #

CR2E034 (11/00)