

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009232

1. Entity Name

ALBERT'S USED AUTO PARTS, INC



03 SEP 29 PM 7:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 2003

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3400 NW 127 STREET

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

OPA LOCKA, FLORIDA

City & State

4. FEI Number

90-0002201

Applied For

Not Applicable

Zip

33054

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ABISMAEL GARCIA

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

3400 NW 127 ST

City

OPA LOCKA

FL

Zip Code

33054

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IN THIS SPACE**

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, I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *x*

Signature, in ink, of the name of registered agent and file # and date

(NOTE: Registered Agent signature required when reinstating)

DATE

09-24-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

PRESIDENT

NAME

ABISMAEL GARCIA

STREET ADDRESS

3400 NW 127 ST

CITY-STATE-ZIP

OPA LOCKA, FL 33054

TITLE

VICE-PRESIDENT

NAME

ROMUALDO A. PONTE

STREET ADDRESS

3400 NW 127 ST

CITY-STATE-ZIP

OPA LOCKA, FL 33054

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

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CITY-STATE-ZIP

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STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *x*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-24-03

Date

Division Name

CR2E034B (12/02)

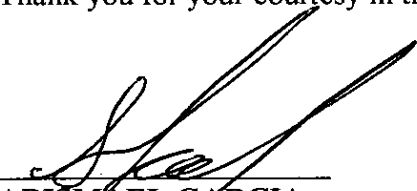
2002

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 150.00 for the annual report fee with my application.

Please be advise that for any reason we did not receive the U.B.R. for the year 2003, or any other notice from the Division of Corporations in respect with the Corporation **ALBERT'S USED AUTO PARTS, INC.**

Thank you for your courtesy in this matter.


ABISMAEL GARCIA
PRESIDENT