

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074677

1. Entity Name

DIVERSIFIED AUTOMOTIVE PRODUCTS, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90113 009 ***150.00

Principal Place of Business

Mailing Address

4701 DISTRIBUTION COURT
UNIT #3
ORLANDO FL 32822

4701 DISTRIBUTION COURT
UNIT #3
ORLANDO FL 32822-4946

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0866779**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MATOS, ILIA Y
3217 S. SEMORAN BLVD.
APT. 313
ORLANDO FL 32822

Name *Matos, Ilia Y.*
Street Address (P.O. Box Number is Not Acceptable) *4701 Distribution Ct. #3*
City *Orlando* FL Zip Code *32822*

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, 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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, JOSE MOJICA		NAME	
STREET ADDRESS	203 RIVIERA CIRCLE		STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33326		CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATOS, ILIA Y		NAME	
STREET ADDRESS	3217 S. SEMORAN BLVD. APT 313		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32822		CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOJICA, JOSE		NAME	
STREET ADDRESS	3217 S. SEMORAN BLVD. APT 313		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32822		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)