

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 08, 2001 8:00 am**
Secretary of State

02-08-2001 90375 036 ***150.00

DOCUMENT # P98000102913

1. Entity Name

J L USED PARTS, INC.

Principal Place of Business

**5002 E 10TH LN
HIALEAH FL 33013**

Mailing Address

**5002 E 10TH LN
HIALEAH FL 33013**

2. Principal Place of Business

the SAME

Suite, Apt. #, etc.

3. Mailing Address

the SAME.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0886217**

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

**AMAYA, MIRNA E PEDRO P CABRERA
5002 E 10TH LN
HIALEAH FL 33013**

7. Name and Address of New Registered Agent

Name

Pedro P. Cabrera

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

5002 E. 10 LANE**Hialeah, FL. 33013**

City

FL

Zip Code

33013

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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	AMAYA, MIRNA E	
STREET ADDRESS	2001 NW 104TH ST	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	OSORIO, DAVID A	
STREET ADDRESS	2001 NW 104TH ST	
CITY-ST-ZIP	MIAMI FL 33147	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEDRO P CABRERA	
STREET ADDRESS	5002 E 10 LANE	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANET PEREZ	
STREET ADDRESS	5002 E 10 LANE	
CITY-ST-ZIP	HIALEAH FL 33013	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/06/2001 305-7691156

CR2E034 (10/00)