

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105933

1. Entity Name

AMERICAN PARTS SERVICE INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90021 044 \*\*\*150.00

Principal Place of Business

Mailing Address

15895 NORTHWEST 16TH COURT  
PEMBROKE PINES FL 33028

15895 NORTHWEST 16TH COURT  
PEMBROKE PINES FL 33028-1689

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

650884193

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name

AUERBACH, BENNO J

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

15895 NW 16TH COURT

City

PEMBROKE PINES

FL

Zip Code

33028

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

*Benno Auerbach* (BENNO AUERBACH - President)

04-12-2000

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
AUERBACH, BENNO J  
15895 NORTHWEST 16TH COURT  
PEMBROKE PINES FL 33028

☐ Delete

TITLE  
NAME  
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CITY - ST - ZIP  
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HOLMES, ELLEN L  
15895 NORTHWEST 16TH COURT  
PEMBROKE PINES FL 33028

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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:

*Benno Auerbach* (BENNO AUERBACH)

Date

04/12/2000

Daytime Phone #

(954) 443-4441