

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006568

1. Entity Name

AIRBRAS PARTS & SERVICES CORPORATION

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90147 018 \*\*\*550.00

Principal Place of Business

244 JAYBEE AVE.  
DAVENPORT FL 33837-5424

Mailing Address

7345 SAND LAKE RD. STE. 202  
ORLANDO FL 32819

2. Principal Place of Business

7345 SAND LAKE RD

Suite, Apt. #, etc.

206

3. Mailing Address

7345 SAND LAKE RD.

Suite, Apt. #, etc.

206

City & State

ORLANDO FL.

City & State

ORLANDO FL.

Zip

32819

Country

USA

Zip

32819

Country

USA.

4. FEI Number

59-3551039

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TORO, RUBEN D  
7345 SAND LAKE RD., STE. 202  
ORLANDO FL 32819

7. Name and Address of New Registered Agent

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE	P-D	<input type="checkbox"/> Delete
NAME	AECIO M. FERREIRA	
STREET ADDRESS	131 CELEBRATION BLVD.	
CITY-ST-ZIP	CELEBRATION FL. 34747	
TITLE	VP-D	<input type="checkbox"/> Delete
NAME	JOSE LESSER	
STREET ADDRESS	131 CELEBRATION BLVD	
CITY-ST-ZIP	CELEBRATION FL. 34747	
TITLE	T-S	<input type="checkbox"/> Delete
NAME	MARIA S. PREZOTTO	
STREET ADDRESS	6832 RALEIGH ST. APT. 504	
CITY-ST-ZIP	ORLANDO FL. 32835	
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		<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		
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

MARIA S. PREZOTTO

08/23/00

(407) 351-1240

Date

Daytime Phone #

CR2E034 (5/00)