

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2002 8:00 am**  
**Secretary of State**

07-24-2002 90132 048 \*\*\*150.00

**DOCUMENT # P99000012340**

1. Entity Name

**UNIVERSAL TRANSMISSION PARTS INC.**

Principal Place of Business

**1630 W 40 ST  
HIALEAH FL 33012**

Mailing Address

**1630 W 40 ST  
HIALEAH FL 33012**

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

**65-0897614**

Applied For

Not Applicable

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

**VANEGAS, NOEL E**

**7356 W 19 AVE  
HIALEAH FL 33014**

*1704 WEST 75th ST  
Hialeah FL 33014*

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

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 \$550.00 150.00  
After September 13, 2002 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VANEGAS, MIRTHA 7356 W 18 AVE HIALEAH FL 33014 <i>Change Address</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VANEGAS, NOEL E 7356 W 18 AVE HIALEAH FL 33014 <i>Change Address</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REYES, MERCEDES D 7356 W. 18 AVE. HIALEAH FL 33014	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS VANEGAS, MARVIN 1255 W. 49 PLACE APT. B-213 HIALEAH FL 33012	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>1704 WEST 75th ST  Hialeah FL 33014</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>1704 WEST 75th ST  Hialeah FL 33014</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (4/02)

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*07-18-02*

# Attachment

Dept. of State

#

07/18/02

PP000001234  
122653

Thursday

According conversation by  
phone today, we're sending you  
CK #2646 \$150<sup>00</sup>. we haven't receive  
this report before (this year), that's  
why we didn't mail the check.

thanks

  
**UNIVERSAL TRANSMISSION PARTS**  
1630 West 40th St. • Hialeah, FL 33012  
Ph: (305) 824-4888 • Fax: (305) 824-0709

Noel E. VANEASA