

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047686

1. Entity Name

MARINE DIESEL PARTS, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90122 001 ***158.75

Principal Place of Business

20855 NORTHEAST 16TH AVENUE
C-39
NORTH MIAMI BEACH FL 33179

Mailing Address

20855 NORTHEAST 16TH AVENUE
C-39
NORTH MIAMI BEACH FL 33179-2131

2. Principal Place of Business

3. Mailing Address

20855 NE 16 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C 30

City & State

City & State

NORTH MIAMI BEACH, FL

4. FEI Number

65-0927192

Applied For

Not Applicable

Zip

Country

33179

USA

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name: PIREZ, ALBERT J.

Street Address (P.O. Box Number is Not Acceptable)
4420 HARRISON STREET

City: HOLLYWOOD

FL

Zip Code: 33021

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: *Albert J. Pirez*
Signature, typed or printed name of registered agent and title, if applicable.

ALBERT J. PIREZ

2/21/2000

(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	PD	<input type="checkbox"/> Delete
NAME	ALVAREZ, HUGO E	
STREET ADDRESS	20855 NORTHEAST 16TH AVENUE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PIREZ, ALBERT J	
STREET ADDRESS	20855 NORTHEAST 16TH AVENUE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ALVAREZ, VELSKA	
STREET ADDRESS	20855 NORTHEAST 16TH AVENUE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PIREZ, MICKEY C	
STREET ADDRESS	20855 NORTHEAST 16TH AVENUE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PDCM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT J PIREZ	
STREET ADDRESS	20855 NE 16 AVE, C-30	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICKEY PIREZ	
STREET ADDRESS	20855 NE 16 AVE, C-30	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
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:

Mickey Pirez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-00

Date

305-653-8890

Daytime Phone #

CR2E034 (9/99)