

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079392

1. Entity Name

ROFRAN PARTS INC.

FILED

May 17, 2000 8:00 am  
Secretary of State

05-17-2000 90845 011 \*\*\*150.00

Principal Place of Business

Mailing Address

17422 SW 21 COURT  
PEMBROKE PINES FL 33029

17422 SW 21 COURT  
PEMBROKE PINES FL 33029-5596

2. Principal Place of Business

17422 SW 21 COURT  
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 824006  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
MIRAMAR, FLORIDA

City & State  
SOUTH FLA, FLORIDA

4. FEI Number  
65-0947946

Applied For  
Not Applicable

Zip  
33029

Country  
USA

Zip  
33082

Country  
USA

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

MARTIN, ROSA  
17422 SW 21 COURT  
PEMBROKE PINES FL 33029

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 \$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	D MARTIN, ROSA 17422 SW 21 COURT PEMBROKE PINES FL 33029	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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

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:

*Rosa Martin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

Date

(954) 430-0500

Daytime Phone #

CR2E034 (9/99)