

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000079392**1. Entity Name
ROFRAN PARTS INC.**FILED****Apr 03, 2001 8:00 am**
Secretary of State

04-03-2001 90046 006 ***150.00

Principal Place of Business
17422 SW 21 COURT
PEMBROKE PINES FL 33029Mailing Address
PO BOX 824006
SOUTH FLORIDA FL 33082**A0041400**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5121 N.W. 1ST STREET
Suite, Apt. #, etc.3. Mailing Address
- SAME -
Suite, Apt. #, etc.
AS ABOVECity & State
MIAMI FLORIDA

City & State

4. FEI Number **65-0947946**Applied For
Not ApplicableZip
33126Country
USA

Zip

Country

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 33029Name
FRADE, ROSA
Street Address (P.O. Box Number is Not Acceptable)
5121 N.W. 1ST STREET
City **MIAMI** **FL** Zip Code **33126**

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 **Rosa Frade****3-30-01**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. FRADE, ROSA 5121 N.W. 1ST STREET MIAMI, FL. 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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

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 Frade**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3-30-01** **(954) 430-0500**
Date Daytime Phone #

CR2E034 (10/00)