

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90537 016 ***150.00

DOCUMENT # S05163

1. Entity Name
MIAMI STAR TRUCK PARTS, INC.



Principal Place of Business
**9796 N.W. 87TH AVENUE
MEDLEY FL 33178**

Mailing Address
**9796 N.W. 87TH AVENUE
MEDLEY FL 33178**



2. Principal Place of Business

3. Mailing Address

**9795 N.W.
Suite, Apt. #, etc.
87TH AVENUE**

**9795 N.W.
Suite, Apt. #, etc.
87TH AVENUE**

City & State
MEDLEY, FL

City & State
MEDLEY, FL

Zip Country
33178 USA

Zip Country
33178 USA

4. FEI Number **65-0222864**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VILLANIZAR, JAIME
16480 SOUTH POST RD #101
WESTON FL 33331**

Name **VILLANIZAR, JAIME**

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

6240 GAUNTLET HALL LN

City **DAVIE** FL Zip Code **33331**

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 **JAIME Villamizar VP**

04-24-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **VILLAMIZAR, JOSE**
STREET ADDRESS **16300 SOUTH POST RD., #104**
CITY-ST-ZIP **WESTON FL 33331**

TITLE ☒ Change ☐ Addition
NAME **6240 GAUNTLET HALL LN**
STREET ADDRESS **DAVIE, FL 33331**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **VILLAMIZAR, NICOLAS**
STREET ADDRESS **1910 GOLDENGATE BLVD EAST**
CITY-ST-ZIP **NAPLES FL 34120**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **VILLAMIZAR, JAIME**
STREET ADDRESS **16480 SOUTH POST RD., #101**
CITY-ST-ZIP **WESTON FL 33331**

TITLE ☒ Change ☐ Addition
NAME **6240 GAUNTLET HALL LN**
STREET ADDRESS **DAVIE, FL 33331**
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REGISTRATION Villamizar

04-24-03

305-888-8669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)