

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S38077

1. Entity Name

MIKE'S AUTO PARTS, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90310 029 ***150.00

Principal Place of Business

Mailing Address

~~888 N.W. 27TH AVE.~~
~~#3~~
~~MIAMI FL 33125-3015~~

~~888 N.W. 27TH AVE.~~
~~#2~~
~~MIAMI FL 33125-3000~~

2. Principal Place of Business

3. Mailing Address

314 NW 22ND AVE

314 NW 22ND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#3

#2

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33125

MIAMI - FLORIDA

33125

MIAMI - FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLIVA, MIGUEL
888 N.W. 27TH AVE.
MIAMI FL 33135

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	PD	<input type="checkbox"/> Delete
NAME	OLIVA, MIGUEL	
STREET ADDRESS	1221 W. 32ND ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)