

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90266 043 \*\*\*150.00

**DOCUMENT # S70334**

1. Entity Name

**NELA USED AUTO PARTS, CORP.**

Principal Place of Business

Mailing Address

W. 3RD AVENUE  
 FL 33010-1402

2552 W. 3RD AVENUE  
 HIALEAH FL 33010-1402

00000000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0295614**

Applied For  
 Not Applicable

Zip Country

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

**ABREU, LUIS L.**  
**2552 W. 3RD AVENUE**  
**HIALEAH FL 33010**

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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**PD**  
**ABREU, LUIS L.**  
**290 W. 28 STREET**  
**HIALEAH FL**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

☐ Change ☐ Addition

**ST**  
**ABREU, LUIS L.**  
**290 W. 28 STREET**  
**HIALEAH FL**

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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:

*Luis Abreu*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/00

Date

305-887-0045

Daytime Phone #

CR2E034 (9/99)