

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90019 038 ***150.00

DOCUMENT # S84024

1. Entity Name
INTERNATIONAL APPLIANCE PARTS CORP.

Principal Place of Business Mailing Address
4055 NW 79TH AVE **4055 NW 79TH AVE**
MIAMI FL 33166 **MIAMI FL 33166-6519**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1550 NW 108 Ave. **1550 N.W. 108 Ave.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami, Florida **Miami, Florida**

Zip Country Zip Country
33172 **U.S.A** **33172** **U.S.A**

4. FEI Number Applied For
65-0295229 Not Applicable

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

6. Name and Address of Current Registered Agent
GONZALEZ, ENRIQUE III ESQ
2 SOUTH BISCAYNE BLVD.
SUITE 3400, ONE BISCAYNE TOWER
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name **(Same)**
 Street Address (P.O. Box Number is Not Acceptable)
FRAGOMEN, DELREY & BERNSEN P.C.
241 Sevilla Ave Suite 802
 City **Coral Gables** FL Zip Code **33134**

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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT GARCIA, BRENDAN 4055 NW 79TH AVE MIAMI FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GARCIA, CARLOS 4055 NW 79TH AVE MIAMI FL 33166	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT GARCIA, BRENDAN 1550 NW 108 AVE MIAMI, FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Garcia, CARLOS 1550 N.W. 108 Ave MIAMI, FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address
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
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: [Signature] Date: **2/23/2000** Daytime Phone #: **305 599-9219**

CR2E034 (9/99)