

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90260 006 ***150.00

DOCUMENT # V11822

1. Entity Name
S.B. USED TRUCK PARTS INC.

Principal Place of Business
10250 NW 89 AVENUE BAY #3
MEDLEY FL 33178

Mailing Address
~~8800 NW 100 STREET~~
~~MEDLEY FL 33178~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
10250 SW 89 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.
BAY #3

City & State

City & State
MEDLEY, FL

4. FEI Number
65-0312339

Applied For

Not Applicable

Zip

Country

Zip

Country

33178

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

ARANGO, SANTIAGO
10250 NW 89 AVENUE BAY #3
MEDLEY FL 33178

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, 2002 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** ☐ Delete
 NAME **ARANGO, SANTIAGO**
 STREET ADDRESS ~~18221 SW 61 STREET~~
 CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **18680 SW 39 COURT**
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **ARANGO, BETTY**
 STREET ADDRESS ~~15221 SW 51 STREET~~
 CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **18680 SW 39 COURT**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANTIAGO ARANGO
PRESIDENT

Date

Daytime Phone #

4/10/02 (305) 883 8909

CR2E034 (9/01)