

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V62410

1. Entity Name

UNITED PARTS OF FLORIDA, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90127 025 ***158.75

Principal Place of Business

2479 NW 36 ST
 MIAMI FL 33142

Mailing Address

2479 NW 36 ST
 MIAMI FL 33142-5361

CU0086403



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0414738

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

CARRASCO, RENE I.
 15040 S.W. 51ST ST
 MIRAMAR FL 33027

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 | D | <input type="checkbox"/> Delete |
| NAME | GOMEZ, RODOVALDO | |
| STREET ADDRESS | 1260 STARLING AVE | |
| CITY-ST-ZIP | MIAMI SPRINGS FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CARRASCO, RENE I | |
| STREET ADDRESS | 15040 S.W. 51ST ST | |
| CITY-ST-ZIP | MIRAMAR FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GOMEZ, RODY | |
| STREET ADDRESS | 1330 N ROYAL POINCIANA BLVD | |
| CITY-ST-ZIP | MIAMI SPRINGS FL | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | GOMEZ, FELIPE | |
| STREET ADDRESS | 1901 NW 18TH AVE | |
| CITY-ST-ZIP | PEMBROKE PINES 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"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RENE I. CARRASCO

4-25-00

305-636-3401

CR2E034 (9/99)