

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V71604

1. Entity Name

T.A. PARTS, INC

R

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

07-19-2000 90004 003 \*\*\*150.00

Principal Place of Business

6886 SW 59TH ST.  
MIAMI FL 33143

Mailing Address

6886 SW 59TH ST.  
MIAMI FL 33143

2. Principal Place of Business

8313 NW 66ST

3. Mailing Address

6886 SW 59ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI FL

4. FEI Number

65-0363899

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33155

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MURCIANO, CARLOS  
6886 SW 59TH ST.  
MIAMI FL 33143

7. Name and Address of New Registered Agent

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 P ☐ Delete

NAME - MURLIANO, CARLOS  
STREET ADDRESS 6886 SW 59 ST  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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:

MURCIANO, CARLOS MURCIANO

7/7/00 305 4708520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

V71604

A0067935

***T.A. Parts, Inc.***

8313 N.W. 66 Street  
Miami, FL. 33166  
phone: (305) 470-8520  
fax: (305) 470-9823

Division of Corporations

Uniform Business Report Filings

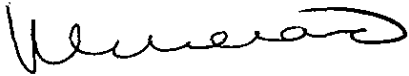
P.O. Box 1500

Tallahassee, Fl. 32302-1500

Sirs,

I have only received the 2<sup>nd</sup> notice for this fee, I did not receive the 1<sup>st</sup>. Please wave the late fee and accept my payment.

Thank you,



CARLOS MURCIANO