

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90012 009 ***150.00

DOCUMENT # **F69777**
 1. Entity Name
Freeport Auto Supplies, Inc.

Principal Place of Business
10880 SW 18th St Bay#54
Miami, FL 33177
Emilio Lopez Jr.

Mailing Address
10880 SW 18th St BAY#54
Miami, FL 33177
Emilio Lopez Jr.

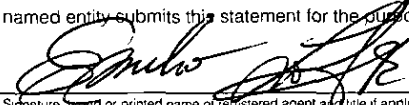
00077871

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|----------------------------------|--|--|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 59-2163038 | | <input type="checkbox"/> Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|---|--|--|--|---|--|----|-----------------------|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| Emilio Lopez Jr. | | | | Name Emilio LOPEZ JR | | | |
| 10880 SW 18th St BAY #54 | | | | Street Address (P.O. Box Number is Not Acceptable) 10880 SW 18th St Bay #54 | | | |
| Miami, FL 33177 | | | | City MIAMI | | FL | Zip Code 33177 |

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  DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | PDS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | LOPEZ, Emilio Jr. | | NAME | | |
| STREET ADDRESS | 10880 SW 18th St BAY #54 | | STREET ADDRESS | | |
| CITY-ST-ZIP | Miami, FL 33177 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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.

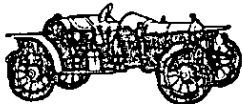
SIGNATURE:  DATE **7/13/00** DAYTIME PHONE # **305-252-0548**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E034 (9/99)

Attachment DOCT#: F691111 202

FREEPORT AUTO SUPPLY DOWNTOWN



Automotive Parts Wholesaler & Export
Accessories & Chemical Products
Starter & Alternators
10880 S. W. 186 Street. Miami, Fla. 33177
Phones: (305) 252-0548 * 233-5315

July 13, 2000

To whom it may concern,

This application was send to my lawyers Mr. Sidney Efronson, 2250 SW third Ave suite 100 Miami 33129 in the past twenty years he has been the one to send the application to your office. However, this year application the lawyer misplaced the application and did not arrived at your office.

I was aware of this today, so I am writing to apologize for being tardy and I hope it does not create any inconvenience. In the future I will be handling the application myself and I will appreciate if you forward any new application to my address.

Thank you,

A handwritten signature in black ink, appearing to read 'Emilio Lopez Jr.', written in a cursive style.

Emilio Lopez Jr.