

2002 UNIFORM BUSINESS REPORT (UBR)

1/24/2000 AV

DOCUMENT # P01000015057
1. Entity Name
ABRAKADABRA AUTO PARTS, INC.

Principal Place of Business
13175 CAIRO LANE
OPA LOCKA, FL 33054

Mailing Address
13175 CAIRO LANE
OPA LOCKA, FL 33054

AMEND
 03 JUL 10 PM 2:17
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 710



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number 65-1090141
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
RODRIGUEZ, EGLYS
13175 CAIRO LANE
OPA LOCKA, FL 33054

7. Name and Address of New Registered Agent
 Name **MENDEZ, ROLDAN RUDY**
 Street Address (P.O. Box Number is Not Acceptable)
13175 CAIRO LANE
 City **OPA LOCKA, FL** Zip Code **FL 33054**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Roldan Rudy Mendez* **ROLDAN RUDY MENDEZ** **5/21/03**

9. The information is required to satisfy its intangible liability requirements and attach to do so. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MENDEZ, ROLDAN RUDY	
STREET ADDRESS	13175 CAIRO LANE	
CITY-ST-ZIP	OPA LOCKA, FL 33054	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, EGLYS	
STREET ADDRESS	13175 CAIRO LANE	
CITY-ST-ZIP	OPA LOCKA, FL 33054	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
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 all other like empowered.

SIGNATURE: *Roldan Rudy Mendez* **ROLDAN RUDY MENDEZ** **5/21/03** **305 681-1655**

CR2E034 (4/02)