

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000080769
 1. Entity Name
PARTS & MORE UNLIMITED, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7952 NW 66 STREET
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
 Zip
33166 Country
MIAMI-DADE

4. FEI Number
65-0722447

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

87208

DO NOT WRITE IN THIS SPACE


7. Name and Address of Current Registered Agent

Name
ALFREDO E. FERRER

Street Address (P.O. Box Number is Not Acceptable)
7952 NW 66 STREET

City
MIAMI State
FL Zip Code
33166

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 reappointing) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$160.00
 After May 1, Fee is \$550.00
 Amended UBR is \$81.25
 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 NAME STREET ADDRESS CITY - ST - ZIP	P ALFREDO E. FERRER 7952 NW 66 STREET MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SHARON FERRER 7952 NW 66 STREET MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **SHARON FERRER** 05-16-02 3054365918

SIGNATURE (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

CR2E034B (12/01)