2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P97000073261

1. Entity Name

EXUS ISUZU PARTS, CORP.

Principal Place of Business	Mailing Address
2751 NW 84TH STREET MIAMI FL 33147	2751 NW 84TH STREET MIAMI FL 33147

B0024881

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4001 NW 32nd Ave	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State Miami, Florida	City & State	**4.** FEI Number 65-0776809
Zip 33142-5001 Country	Zip Country	**5.** Certificate of Status Desired ☐ $8.75 Additional Fee Required

Applied For ☐
Not Applicable ☐

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
DE LA OLIVA, FRANCISCO C 2751 NW 84TH STREET MIAMI FL 33147	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, 2002 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 P NAME DE LA OLIVA, FRANK STREET ADDRESS 90 NW 154TH STREET CITY-ST-ZIP MIAMI FL 33169	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE V NAME LIMONTE, OBED STREET ADDRESS 1240 NW 32ND PLACE CITY-ST-ZIP MIAMI FL 33125	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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: Frank De La Oliva 1/25/02

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