YEAR 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000055626

DOCUMENT#

FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 91077 035 ***150.00

| PARTSGO, INC. | | | | |
|--|--|---|---|--|
| , , , , , , , , , , , , , , , , , , , | DO NOT WRITE | IN THIS S | PACE | 90053516 |
| | N.W. 97 Place | a. Mailing Address | | ĺ |
| Suite, Apt. | | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE |
| City & Stat | e | City & State | | 4. FEI Number Applied Fo |
| | , FL. 33178 | | <u>المائية من المائيسوس</u> | 65-0996622 Not Applice |
| Zip | Country | Zìp | Country | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| | | | 1 | 7. Name and Address of Current Registered Agent |
| | DO NOT WE | nimm. | Name | Rodriguez, Oscar J. |
| | DO NOT W | | Street Addres | ss (P.O. Box Number is Not Acceptable) 4886 N.W. 97 Place |
| | IN THIS SP | ACF | | 4000 N.W. 9/ Place |
| | | | | |
| | | | City | Miami FL 33178 |
| 8. The above | named entity submits this statement for t | he purpose of changing its | registered office or regis | lered agent, or both, in the State of Florida. |
| | | , , | - registered diffee di Tegis | icred agent, or boot, in the state of Fibrida, |
| SIGNATURE _ | | | | |
| | Signature, typed or printed name of registered agent and | Hitle il applicable. (NO) | E: Registered Agent signature requi | red when renstating) OATE |
| 9. This corpo | ration is eligible to satisfy its Intangible | January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 | | |
| | equirement and elects to do so. | Atter may | d UBR is \$61.25 | 10. Election Campaign Financing \$5.00 May Bo Trust Fund Contribution. |
| | | . 🐭 Make Check Payal | ble to Department of St | tate — § |
| 11. | OFFICERS AND DI | RECTORS | | |
| NAME | D.P.S.T. | | TITLE ' | |
| STREET ADDRESS | GERALDI, ROBERTO 4886 N.W. 97 Place | | STREET ADDRESS | 1 |
| CUA-21-YB | Miami, FL. 33178 | | CTTY-ST-ZIP | |
| TITLE | | | DILE | |
| NAME | | | MANE | 1 |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS | |
| TITLE | | | CTIY-S7-ZP | |
| NAME | | | TIPLE | |
| STREET ADDRESS | | | NAME STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | DO NOT WRITE |
| TITLE | | | IME | |
| MAME STOCET LOGGE OF | | | NAME | IN THIS SPACE |
| STREET ADDRESS CITY-ST-2P | * * ** | | STREET ADDRESS | |
| nne | - Jan San San San San San San San San San S | | CIN-ZI: IB | the sign of the state of the st |
| NAME | | | TITLE NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| DITY-ST-ZIP | | | C11.1 21 SIS | |
| DTLE | | | nne | |
| NAME EIDELT ADDOCES | | | NAME | , |
| STREET ADDRESS CITY-ST-ZIP | | . ^ | STREET ADDRESS | t t |
| 13 I berebu co | with that the information name 2 - 2 - 2 - 2 - 2 | - A/I | CTY-ST-ZIP | |
| indicated o of the corp attachment | in this report or supplemental eport is tru oration or the receiver or trustee empow with an address, with all other like empo | s ming does/not/outliff for e and accurate and that m ered to effective this report wered. | the exemption stated in S by Signature shall have the cas required by Chapter 6 | ection 119.07(3)(i). Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or on an |

SIGNATURE:

Roberto Geraldi

SIGNING OFFICER OR DIRECTOR

03-03-2003

(305) 232-1987

Date

Dayleme Phone /