I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL GARRISON

Electronic Signature of Signing Officer/Director Detail

#### VP

# 03/18/2015

#### Date

#### 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000077956

Entity Name: US PARTS LOCATORS, INC.

## **Current Principal Place of Business:**

6535 N.W. 84AVE UNIT B MIAMI, FL 33166

#### **Current Mailing Address:**

6535 NW 84 AVE UNIT B MIAMI, FL 33166 US

### FEI Number: 65-1141819

#### Name and Address of Current Registered Agent:

GARRISON, MICHAEL N 8284 NW 64 ST MIAMI, FL 33166 US

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:

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

Title	P	Title	V
Name	GARRISON, GISELLA N	Name	GARRISON, MICHAEL L
Address	8284 NW 64 ST	Address	8284 NW 64 ST
City-State-Zip:	MIAMI FL 33166	City-State-Zip:	MIAMI FL 33166

## FILED Mar 18, 2015 Secretary of State CC0431705765

Certificate of Status Desired: No

Date