FILED
Apr 24, 2003 8:00 am
Secretary of State
04-24-2003 90217 030 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 372474

1. Entity Name

O.H. AUTO PARTS CORP.

90104371

2. Principal Place of Business		3. Mailing Address	
2595 NW 27 AVENUE		SAME	
Suite, Apt. #, etc. ----		Suite, Apt. #, etc. ----	
City & State MIAMI, FLORIDA		City & State -----	
Zip 33142	Country USA	Zip -----	Country -----

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1307336 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name ORLANDO HERNANDEZ

Street Address (P.O. Box Number is Not Acceptable) 2595 NW 27 AVE.

City MIAMI **FL** Zip Code 33142

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	TITLE	
NAME	ORLANDO HERNANDEZ	NAME	
STREET ADDRESS	2595 NW 27 AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33142	CITY-ST-ZIP	
TITLE	VICE-PRESIDENT	TITLE	
NAME	PIEDAD HERNANDEZ	NAME	
STREET ADDRESS	3635 E. 2 AVE	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33013	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

ORLANDO HERNANDEZ

SIGNATURE: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/21/03 Daytime Phone # (305)635 9654

CR2E034B (12/02)