

DOCUMENT # 377252
 1. Entity Name
MEDLEY AUTO PARTS, INC.

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90029 029 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
910 S. W. 23RD ROAD 910 S. W. 23RD ROAD
MIAMI FL 33129 MIAMI FL 33129

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1381604** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
RENIER, CRUZ
1740 CORAL WAY, SUITE "A"
MIAMI FL 33145

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2001 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

TITLE	TD	<input type="checkbox"/> Delete
NAME	ORIHUELA, ARACELI	
STREET ADDRESS	910 S.W. 23RD ROAD	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SEOANE, JORGE	
STREET ADDRESS	122 W 52 STREET	
CITY-ST-ZIP	HIALEAH, FL 0	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SEOANE, CARIDAD	
STREET ADDRESS	122 W 52 STREET	
CITY-ST-ZIP	HIALEAH, FL 0	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ORIHUELA, FELIX VALOY	
STREET ADDRESS	910 S. W. 23RD ROAD	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Felix Orihuela* **FELIX ORIHUELA** 1/5/01 305-859-8700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)