## 2000 UNIFORM BUSINESS REPORT (UBR) Apr 22, 2000 8:00 am Secretary of State **DOCUMENT # 396967** 1. Entity Name KENDALL AUTO PARTS, INC. 04-22-2000 90079 044 \*\*\*150.00 Principal Place of Business Mailing Address 8830 S.W. 129TH STREET 8830 S.W. 129TH STREET MIAMI FL 33176-5919 MIAMI FL 33176 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1382938 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent Name **CUNNINGHAM, GARY** Street Address (P.O. Box Number is Not Acceptable) 16300 S.W. 109 AVENUE MIAMI FL 33157 Zip Code Fl 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) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE Delete TITLE CUNNINGHAM, GARY NAME STREET ADDRESS STREET ADDRESS 16300 SW 109TH AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition TITLE Change Delete TITLE **CUNNINGHAM, TED** NAME NAME STREET ADDRESS 9760 SW 159TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL □ Change ☐ Addition ST ☐ Delete TITLE TITLE RUSH, DEBRA NAME NAME STREET ADDRESS 27825 SW 164TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL 33031 ☐ Addition ☐ Change TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS 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 ther like empowered.

SIGNATURE:

305-232-0511