

FILED  
Apr 30, 2003 8:00 am  
Secretary of State

04-30-2003 90129 035 \*\*\*158.75

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 451340

1. Entity Name  
**SUPER TRUCK PARTS CORP.**



Principal Place of Business  
7075 NW 74TH STREET  
MEDLEY, FL 33166

Mailing Address  
7075 NW 74TH STREET  
MEDLEY, FL 33166

11029416

2. Principal Place of Business  
**2655 Le Jeune Road**  
Suite, Apt. #, etc.  
**Penthouse 2-C**

3. Mailing Address  
**2655 Le Jeune Road**  
Suite, Apt. #, etc.  
**Penthouse 2-C**

City & State  
**Coral Gables, FL**  
Zip  
**33134**

City & State  
**Coral Gables, FL**  
Zip  
**33134**

U.S.A.

4. FEI Number  
**59-1533565**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**Irma V. Hernandez, Esq.**  
**215 W 49th Street**  
**Hialeah, FL 33012**

7. Name and Address of New Registered Agent

Name  
**David A. Doyet, Esq.**

Street Address (P.O. Box Number is Not Acceptable)

**2655 Le Jeune Road, Penthouse 2-C**

City  
**Coral Gables** **FL** Zip Code  
**33134**

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

4/29/03

FILE NOW! FEE IS \$160.00  
After May 1, 2003 Fee will be \$650.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	PD AZCUE, HILDE L 7075 N.W. 74 ST. MEDLEY, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AZCUE, HILDELISA 7075 N W 74TH STREET MEDLEY, FL 33166	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD BLANCO, JOANN 7075 N.W. 74 ST. MEDLEY, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AZCUE, JORGE A 7075 NW. 74 ST. MEDLEY, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T Hildelisa Azcue Hildelisa 2655 Le Jeune Road, Penthouse Coral Gables, FL 33134 2-C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Hildelisa Azcue*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Hildelisa Azcue* 4/27/03 305-444-8382  
Date Daytime Phone #

CR2E034 (10/02)