

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90489 035 \*\*\*150.00

**DOCUMENT # 523317**

1. Entity Name  
**U.S. 1 AUTO PARTS CORPORATION**



Principal Place of Business  
**11700 SW 214 ST  
MIAMI FL 33170  
US**

Mailing Address  
**11720 SW 214 ST  
MIAMI FL 33170  
US**

2. Principal Place of Business  
**2500 SW 92 PL**

3. Mailing Address  
**2500 SW 92 PL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

4. FEI Number **59-1751391**

Applied For  
Not Applicable

Zip  
**33165**

Country

Zip  
**33165**

Country

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**VALLEJO, ROBERTO  
2500 SW 92ND PLACE  
MIAMI, FL 33165**

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. 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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **VALLEJO, ROBERTO**  
STREET ADDRESS **2500 SW 92ND PL**  
CITY-ST-ZIP **MIAMI, FL 00000 33165**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: ROBERTO VALLEJO PRESIDENT 3/7/03 (305) 552-0802**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)