

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90196 027 \*\*\*150.00

DOCUMENT # 528871

1. Entity Name  
INTERNATIONAL PARTS DISTRIBUTORS, INC.



Principal Place of Business  
9002 NW 105TH WAY  
MIAMI FL 33178  
US

Mailing Address  
9002 NW 105TH WAY  
MIAMI FL 33178  
US



2. Principal Place of Business  
1111 CROWDON BLVD.

3. Mailing Address  
1111 CROWDON BLVD

Suite, Apt. #, etc.  
Apt. - A-1208

Suite, Apt. #, etc.  
Apt. - A-1208

City & State  
Key Biscayne, FL

City & State  
Key Biscayne, FL

Zip  
33149

Country

Zip  
33149

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1733789

Applied For  
Not Applicable

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

COBO, JUAN A  
9002 NW 105TH WAY  
MIAMI FL 33178

Name

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

1111 CROWDON BLVD Apt. - A-1208

City Key Biscayne

FL

Zip Code 33149

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 *J. A. Cobo*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-3-03

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 PD  
NAME COBO, JUAN  
STREET ADDRESS 8271 LA RAMPA ST.  
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1111 CROWDON BLVD., Apt A-1208  
CITY-ST-ZIP Key Biscayne, FL 33149

TITLE SD  
NAME CARRERO, ELISA C.  
STREET ADDRESS 8740 SW 67 STR  
CITY-ST-ZIP SO-MIAMI FL ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 18003 S.W. 154 AVE.  
CITY-ST-ZIP MIAMI, FL 33187

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *J. A. Cobo* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-03

Date

Daytime Phone #

CR2E034 (10/02)