## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 24, 2002 8:00 am Secrétary of State DOCUMENT # F27844 1. Entity Name 07-24-2002 90135 016 \*\*\*150.00 IKE'S AUTO PARTS & SERVICE, INC. Principal Place of Business Mailing Address % HAIG BASDEKIAN % HAIG BASDEKIAN 101 NW 43RD ST 101 NW 43RD ST OAKLAND PARK FL 33309 OAKLAND PARK FL 33309 3. Mailing Address Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-2084601 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BASDEKIAN, HAIG Street Address (P.O. Box Number is Not Acceptable) .101 NW 43RD ST OAKLAND PARK FL 33309 City Zip Code 8. The above named initity 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition BASDEKIAN, HAIG NAME NAME STREET ADDRESS 101 NW 43RD ST STREET ADDRESS CITY-ST-ZIP OAKLAND PARK FL CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME

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 receive 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 attage my with an address, with all other 122 empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Of Halhment 7-22-02 To Whom A May Concern, F27841 I did not recieve a Majorn Dusiness Report to fillow and mail to you. This is the first notice I beeieved Stating Iwas late. I alway file and mail papero as Soon as Irecieve them to keep from heig late, you can chesh my hewed to flowe excuse the late filing e KE'S AUTO PARTS & SERVICE, EXC 101 N.W. 43rd STREET FORT LAUDERDALE, FL 33309

PHONE 564-9793