## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 05, 2001 8:00 am Secretary of State DOCUMENT # F94000004994 ROK PARTS OF AMERICA, INC. 02-05-2001 90134 042 \*\*\*150.00 Principal Place of Business Mailing Address 2025 NW 102ND AVE 2025 NW 102ND AVE 107 107 MIAMI FL 32172 MIAMI FL 33172 2. Principal Place of Business 180 Horbor DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 31-1319329 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent KASINSKY, ROBERTO 1717 FAIRHAVEN PLACE COCONUT GRO. FL 33133-4012 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 780 Horbor Dr. Key Biscayere F/ 33/49 Change TITLE ☐ Delete TITLE KASINSKY, ROBERTO NAME NAME STREET ADDRESS 2025 NW 102ND AVE #107 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 TITLE ☐ Delete TITLE KASINSKY, RENATO NAME NAME 2025 NW\_102ND AVE #107 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33172 <del>cîiyi:si-zir</del> TITLE □ Delete TITLE DIEGUEZ, GLADYS G NAME NAME 2025 NW 102ND AVE #107 STREET ADDRESS STREET ADDRESS CITY-ST-7/P MIAMI FL 33172 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE 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 other like empowered.

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

1/31/01 305-365-370