FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 25 AM 8:00

DOCUMENT # G42962

1. Entity Name

FIRST PROFESSIONAL AUTOMOTIVE DISMANTELERS. INC.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 98-03

DO NOT WRITE IN THIS SPACE

MRS

2. Principal Place of Business	3. Mailing Address
516 NW 1 AVENUE	5414 STIRLING ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT. LAUDERDALE, FL	City & State: DAVIE, FL
Zip: 33301 Country: US	Zip: 33314 Country: US

4. FEI Number: 59-2371117 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LOUIS ACQUARULO

Street Address (P.O. Box Number is Not Acceptable): 5414 STIRLING ROAD

City: DAVIE **FL** Zip Code: 33314

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: Louis Acquarulo — LOUIS ACQUARULO — 9-9-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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: P NAME: LOUIS ACQUARULO STREET ADDRESS: 5414 STIRLING ROAD CITY-ST-ZIP: DAVIE, FL 33314	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 000023030480 09/25/03--01114--008 **600.00
TITLE: VP NAME: ISAAC GOLDBERG STREET ADDRESS: 5414 STIRLING ROAD CITY-ST-ZIP: DAVIE, FL 33314	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 000023030480 09/12/03--01089--008 **900.00
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Louis Acquarulo — LOUIS ACQUARULO — 9-9-03 — 954-434-5919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #