

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # G94587**1. Entity Name  
**CART PARTS, INC.****FILED**  
**Jan 18, 2001 8:00 am**  
**Secretary of State**

01-18-2001 90027 027 \*\*\*150.00

0494279

Principal Place of Business  
**10141 USA TODAY WAY  
MIRAMAR FL 33025-904  
US**  
Mailing Address  
**P O BOX 821810  
PEMBROKE PINES FL 33082-810  
US**2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country  
3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2398049** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**6. Name and Address of Current Registered Agent  
**AHERN, TIMOTHY  
2533 ROYAL PALM WAY  
WESTON FL 33327**  
7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code8. 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.  
SIGNATURE *Timothy Ahern* **Timothy Ahern Pres** **1/5/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back) **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**11. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
PD **AHERN, TIMOTHY  
2523 ROYAL PALM WAY  
WESTON FL 33327** ☐ Delete  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
ST **AHERN, TIMOTHY  
2523 ROYAL PALM WAY  
WESTON FL 33327** ☐ Delete  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete  
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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: *Timothy Ahern* **Timothy Ahern Pres** **1/5/01** **754-450-0737**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)