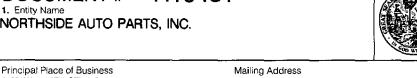
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

H10461 **DOCUMENT #**

NORTHSIDE AUTO PARTS, INC.





Principal Place of Business 11042411 2730 N.W. 79TH STREET 2730 N.W. 79TH STREET MIAMI FL 33147 MIAM! FL 33147 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-2428391 Not Applicable Country 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 RAMOS, ANGEL L. Street Address (P.O. Box Number is Not Acceptable) 14462 ROSEWOOD RD MIAMI LAKES FL 33014 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition RAMOS, ANGEL L. NAME NAME 14462 ROSEWOOD RD STREET ADDRESS STREET ADDRESS MIAMI LAKES FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Changé RAMOS, VIRGINIA NAME NAME 14462 ROSEWOOD RD STREET ADDRESS STREET ADDRESS Miami lakes fl CITY-ST-ZIP CITY-ST_ZIP .. TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 a state-henert with an address, with all other like exercised. Luis Ramos

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ITED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition

FILED

Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91287 041 ***150.00