

2004 UNIFORM BUSINESS REPORT (UBR)

05-20-2004 90006 024 ***308.75
K44084

04 MAY 25 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

44045727

REINSTATEMENT 03-04

DO NOT WRITE IN THIS SPACE

DOCUMENT # K44084

1. Entity Name
S & F PARTS INC

Principal Place of Business
10610 N.W. 27 STREET
MIAMI, FL 33172-2151

Mailing Address
10610 N.W. 27 STREET
MIAMI, FL 33172-2151

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number
65-0090916

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

6. Name and Address of Current Registered Agent
FRANIE ANTONIO A.
10610 N.W. 27 STREET
MIAMI, FL 33172

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number's Not Acceptable)
City
FL 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.

SIGNATURE _____ DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 31, 2000 Fee will be \$350.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <u>PT</u>	NAME <u>FRANIE ANTONIO A.</u>	TITLE	NAME
STREET ADDRESS <u>10610 N.W. 27TH ST</u>	CITY-ST-ZIP <u>MIAMI, FL</u>	STREET ADDRESS	CITY-ST-ZIP
TITLE <u>VD</u>	NAME <u>SAYEEN FRAID</u>	TITLE	NAME
STREET ADDRESS <u>10610 N.W. 27TH ST</u>	CITY-ST-ZIP <u>MIAMI, FL</u>	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	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 application 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 entries covered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR22-034 (0/96)

Attachment

650090916
44045727

March 30, 2004


S & F PARTS INC.
10610 N.W. 27 ST
MIAMI, FL 33172

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

ATTENTION: GENTLEMEN

THIS IS TO INFORM YOU THAT MY LATE PAYMENT WAS
UNINTENTIONAL; DUE TO THE FACT THAT I NEVER RECEIVED THE
ANNUAL REPORT. IF YOU COULD WAIVE THE LATE FEE, IT WOULD BE
KINDLY APPRECIATED.

I WILL SEND A CHECK IN THE SUM OF 300.00 DOLLARS (\$150.00 for 2003 &
\$150.00 for-2004)

SINCERELY,

FRANYIE, ANTONIO A.
PRESIDENT