

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90129 030 \*\*\*\*50.00

**DOCUMENT # L00000014641**

1. Entity Name

**PLUS AUTO PARTS, LLC**

Principal Place of Business

**20801 BISCAYNE BLVD., SUITE 403  
AVENTURA FL 33154**

Mailing Address

**20801 BISCAYNE BLVD., SUITE 403  
AVENTURA FL 33154**

2. Principal Place of Business

**1770 NW 23<sup>RD</sup> ST.**

Suite, Apt. #, etc.

3. Mailing Address

**1770 NW 23<sup>RD</sup> ST**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

Zip

**33142**

Country

**USA**

City & State

**MIAMI, FL**

Zip

**33142**

Country

**USA**

4. FEI Number

**65-1056021**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SHPILBERG, DAVID  
20801 BISCAYNE BLVD., SUITE 403  
AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**1770 NW 23<sup>RD</sup> ST**

City

**MIAMI**

**FL**

Zip Code

**33142**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete  
NAME **LUDMIR, WILLIAM**  
STREET ADDRESS **20801 BISCAYNE BLVD., SUITE 403**  
CITY-ST-ZIP **AVENTURA FL 33154**

TITLE **CT** ☐ Delete  
NAME **SHPILBERG, DAVID**  
STREET ADDRESS **20801 BISCAYNE BLVD., SUITE 403**  
CITY-ST-ZIP **AVENTURA FL 33154**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1770 NW 23<sup>RD</sup> ST**  
CITY-ST-ZIP **MIAMI, FL, 33142**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1770 NW 23<sup>RD</sup> ST**  
CITY-ST-ZIP **MIAMI, FL, 33142**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *William Ludmir* **WILLIAM LUDMIR** **4/15/2002** **786-2560812**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)