

FILED
Apr 18, 2002 8:00 am
Secretary of State

03-05-2002 90014 016 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000016067

1. Entity Name

INTERNATIONAL TRACTOR PARTS, LLC

Principal Place of Business

2301 COLLINS AVE. #322
MIAMI BEACH FL 33138

Mailing Address

2301 COLLINS AVE. #322
MIAMI BEACH FL 33138

2. Principal Place of Business

1573 N.W. 93 Av.

Suite, Apt. #, etc.

3. Mailing Address

1573 N.W. 93 Av.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLORIDA

City & State

MIAMI FL

4. FEI Number

65-1140355

Applied For

Not Applicable

Zip

33172

Country

Zip

33172

Country

5. Certificate of Status Desired

☐\$5.00 Additional
Fee Required

8. Name and Address of Current Registered Agent

TRANSGLOBAL CORPORATE ADMINISTRATION INC.
520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name ADEM MAZI

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

1573 N.W. 93 Av.

City MIAMI

FL

Zip Code 33172

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 entity, if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/22/02

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
	MGRM			
	MAZI, ADEM	2301 COLLINS AVE. #322	MIAMI BEACH FL 33138	

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	MGRM				
	MAZI, ADEM	1573 N.W. 93 Av.	MIAMI FLORIDA 33172		

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

02/22/02 305-593 9436

CR2E083 (9/01)