

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90054 050 ****50.00

DOCUMENT # L01000016067

1. Entity Name

INTERNATIONAL TRACTOR PARTS, LLC



Principal Place of Business

Mailing Address

**1573 N.W. 93 AVE
MIAMI FL 33172**

**1573 N.W. 93 AVE
MIAMI FL 33172**

2. Principal Place of Business

2351 NW 97 AVE

3. Mailing Address

2351 NW 97 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL 33172

City & State

MIAMI FL

Zip

33172

Country

USA

Zip

33172

Country

USA

4. FEI Number **65-1140355**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MAZIO, ADAM
1573 N.W. 93 AVE
MIAMI FL 33172**

7. Name and Address of New Registered Agent

Name **MAZIO, ADAM**
Street Address (P.O. Box Number is Not Acceptable)

2351 NW 97 AVE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, by the registered name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02.10.03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **MAZIO, ADAM**
STREET ADDRESS **1573 N.W. 93 AVE**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Delete
NAME **DINCER, FATIHA**
STREET ADDRESS **2351 NW 97 AVE**
CITY-ST-ZIP **MIAMI FL 33172**

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 **MGRM** ☒ Change ☐ Addition
NAME **MAZIO, ADAM**
STREET ADDRESS **2351 NW 97 AVE**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **DINCER, FATIHA**
STREET ADDRESS **2351 NW 97 AVE**
CITY-ST-ZIP **MIAMI FL 33172**

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

CR2E083 (10/02)

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 REQUIRED

02.10.03 (305)593-9436

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

Date

Daytime Phone #