## 2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # I 02000027380

## Al



01-23-2003 90344 018 \*\*\*\*50.00

**FILED** 

Jan 23, 2003 8:00 am Secretary of State

Entity Name	000027300	
ureos trading group at	UTOMOTIVE PARTS, LLC	
incinal Place of Rusiness	Mailing Address	

8346 N.W. SOUTH RIVER DRIVE BAY-N 8346 N.W. SOUTH RIVER DRIVE BAY-N MEDLEY FL 33166 MEDLEY FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 82-0568319 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ,7. Name and Address of New Registered Agent **ZORRILLA & GARCIA-OLIVER, LLC** Street Address (P.O. Box Number is Not Acceptable) 2200 SOUTH DIXIE HIGHWAY STE. 705 **MIAMI FL 33133** 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 \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Member TITLE TITLE XXAddition ☐ Delete Change Claude Rizk NAME STREET ADDRESS STREET ADDRESS 199 Ocean Lane CITY-ST-ZIP CITY-ST-ZIP Key Biscayne, Fl 33149 TITLE ☐ Delete TITLE Member ☐ Change NAME NAME George Shalhub STREET ADDRESS STREET ADDRESS 131 Harbor Drive CITY - ST - ZIP CITY-ST-ZIP Key Biscavne, Fl 33149 Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 apport as required by Chapter 608, Florida Statutes.

SIGNATURE:

Claude Rizk

Daytime Phone #