2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900001913

1. Entity Name

MARINE PARTS INTERNATIONAL, L.L.C.



FILED Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90111 022 ****50.00

Zip Country Zip Country Sign Country Sign Country Sign Country South Address of Status Desired Status Desired Status Desired Sign South Address of New Registered Agent To Name and Address of New Registered Agent Name and Name		·		OCO WE THE			
2. Principal Place of Business 3. Mailing Address 3. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Chy & State 4. FEI Number 65-09 (0967 Not Applied 7 Not Applied 8 Not Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 200 S ADDELAND BLVD SUITE 603 NAME FL. 33156 Ditty 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. I am familiar with, and accompany of the originations of rigistered agent and the registered Agent PL. 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 accompany of the originations of rigistered agent agent agent agent agent and the registered agent District Agent ag	Principal Place of Business Mailing Addres			<u> </u>			
Suite, Apt. #, etc. City & State City & City & State City & State City & State City & City & State					ረ ሀሀ ደህህክ ³		
City & State City & State City & State City & State City & State Country	2. Principal F	Place of Business	3. Mailing Address				
Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional Fee Regulated 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fee Regulated 6. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Fee Regulated 6. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Fee Regulated 6. Tho 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 act the obligations of registered agent. 8. Tho 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 act the obligations of registered agent. 8. Tho 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 act the obligations of registered agent. 8. Tho 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 act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered Agent signals sequence of the obligations of registered Agent signals	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	3	
State Status St	City & State		City & State		4. FEI Number 65-0910967 Applied For		
CUEVAS, ANDREW ESO CUEVAS & RUBIN, P.A. 9200 S DACELAND BLYD SUITE 603 MIAMI FL 33156 6. The above mand entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidental submits statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidental submits agent agent. SIGNATURE Summaring	Zip Country		Zip Country		5. Certificate of Status Desired		
CLEVAS, ANDREW ESQ CUEVAS & RUBIN, P.A. 9200 S DADELAND BLVD SUITE 603 MIAMI FL 33156 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 acceptable the obligations of registered agent. **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 acceptable to or organizered agent and the Fapelcable (NOTE Registered Agent agent are greated with an acceptable to or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to Place agent. **THE NOW!!! FEE IS \$50.00 **Make Check Papable to Florida Department of State Due By May 1, 2003 **STRET ADDRESS CITY-ST-2P** **THE NAMA STREET ADDRESS CITY-ST-2P** **THE NAMA STREET ADDRESS CITY-ST-2P** **THE NAME STREET ADDRESS CIT		6 Name and Address of Current	Pagistared Agent	<u> </u>	Fee Require	∍d	
CUEVAS & RUBIN, P.A. 9200 S DADELAND BLYD SUITE 603 MAMI FL 33156 City FL ZIP Code	CLIC		negistered Agent	.Name	7. Name and Address of New Registered Agent		
MIAMI FL 33156 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am tamiliar with, and so the the obligations of registered agent. SIGNATURE Signature Part Part	CUE	VAS & RUBIN, P.A.	Street Address		(P.O. Box Number is Not Acceptable)		
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 accident the obligations of registered agent. SIGNATURE Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signatur							
SIGNATURE Signature Typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE				•	₽₽		
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	8. The above the obligat	named entity submits this statement for tions of registered agent.	r the purpose of changing its	s registered office or regi	istered agent, or both, in the State of Florida. I am familiar with,	and accept	
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 TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable (NOT	F: Registered Agent connecture rec	Quinad when rejectation).		
9. MANAGING MEMBERS MANAGERS 10. ADDITIONS / CHANGES TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP							
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM NAVERTEE, PABLO ANTONIO CANTRERAS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP							
MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES AddITIONS ADDITIONS/CHANGES AddITIONS Ad					ment of State		
TITLE NAME NAVARRETE, PABLO ANTONIO CANTRERAS 4440 NW 73 AVENUE, CCS-4583 MIAMI FL 33166 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREE	9.	MANAGING MEMBE			ADDITIONS (CHANGES		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	T		·····		Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME				— cumige		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE	Change	☐ Addition	
CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP				NAME	_ •		
TITLE Delete TITLE ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP				a i			
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	بيات ها المسيوم كالمصادة .	Sin Andrew Property of		المرابع المرابع المرابع المستعمد والمتهام والمتعام		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					•		
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Add NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITI C		- Carr				
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Add NAME STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY-ST-ZIP			La Delete		L_f Change	☐ Addition	
CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1						
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE	☐ Channe	Addition	
CITY-ST-ZIP CITY-ST-ZIP	NAME			NAME	Ontologo		
TITLE	J			STREET ADDRESS		·	
TITLE Delete TITLE Change Ado	CITY-ST-ZIP			CITY-ST-ZIP			
	TITLE		☐ Delete	TITLE	☐ Change	☐ Addition	
NAME NAME	Į				~		
STREET ADDRESS STREET ADDRESS STREET ADDRESS							
CITY-ST-ZIP 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 local effect on if mode under each the latest the same local effect on if mode under each the latest the same local effect on if mode under each the latest the same local effect on its production.							

11 effect as if made under oath; that I am a managing member or manager of the limited liability company of 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