


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

04 MAR 25 PM 4:49

DOCUMENT # **P00000010953**
1. Entity Name
Pick A Part International Inc



DO NOT WRITE IN THIS SPACE

REINSTATEMENT 01-04

2. Principal Place of Business
3630 South 51 St
Suite, Apt. #, etc.
Suite # B
City & State
TAMPA FL
Zip
33619

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1004676** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name **Jose Perez**
Street Address (P.O. Box Number is Not Acceptable)
3630 South 51 St Suite # B
City **TAMPA** FL Zip Code **33619**

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: *Jose Perez*

January 1, May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | pd JOSE PEREZ 3630 South 51 St Suite # B TAMPA, FL 33619 | 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 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 NAME STREET ADDRESS CITY- ST- ZIP |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | TITLE NAME STREET ADDRESS CITY- ST- ZIP |

100031805681
04/05/04--01010--020 *+600.00

DO NOT WRITE IN THIS SPACE

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jose Perez*

DATE: _____


PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____

CR2E034E (12/02)

Division of Corporations
P.O.BOX 6327
Tallahassee, Fl 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 600.00 for the annual report fee with my application.

Please be advise that we moved to 3630 SOUTH 51 ST TAMPA FL 33619 since December of 2000 and we not received the U.B.R. for the year ,2001,2002,2003 2004 or any other notice from the Division of Corporations in respect with my Corporation **PICK A PART INTERNATIONAL INC.**



JOSE PEREZ
PRESIDENT