## FILED **2002 UNIFORM BUSINESS REPORT (UBR)** May 23, 2002 8:00 am Secretary of State DOCUMENT # P00000011997 05-23-2002 90058 041 \*\*\*150 00 WORLD WIDE USED AUTO PARTS NETWORK, INC. Principal Place of Business Mailing Address 3819 N.W. 49TH ST. 3819 N.W. 49TH ST. TAMARAC FL 33309 TAMARAC FL 33309 2. Principal Place of Business 3. Mailing Address 3681 W. OAKLAND PARK Blue. 3681 W. OAKANO PARK BIND Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-1005273 VAVOGRDALE LAKES FL PAROBOALE LAKES Not Applicable Zip Country U.S.A. Country \$8.75 Additional Zip 5. Certificate of Status Desired 33311 33311 1) SA Fee Required ----- 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOLDSTEIN, CRAIG Street Address (P.C. Box Number is NOT)Acceptable (P.C. BOX Number is Number is NoT)Acceptable (P.C. BOX Number is Number 3819 N.W. 49TH ST. TAMARAC FL 33309 Zip Code A)OELONE 3331 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) TITLE Delete **GOLDSTEIN, CRAIG** NAME NAME 3681 W. OAKLAND PARK BLUD 3819 N.W. 49TH ST. STREET ADDRESS STREET ADDRESS TAMARAC FL 33309 CITY-ST-ZIP CITY-ST-ZIP VANDERDAIE LAKES FL 33311 TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JITI F-. 🔲 . Delete TITLE . Change\_ ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TIT! F ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

S. GIVE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR