2001 UNIFORM BUSINESS REPORT (UBR) Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P0000016148 MR. CAR PARTS, INC. 04-27-2001 90265 023 ***150.00 Principal Place of Business Mailing Address 2937 SW 16 TERRACE 2937 SW 16 TERRACE MIAMI FL 33175 MIAMI FL 33175 3. Mailing Address 2. Principal Place of Business 88 AVR 88 AVR mn van N67 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc 4. FELNumber 65-1008911 City & State Applied For City & State MILL MIAMI Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33 17*4* Δeù AC Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALVAREZ, WILFREDO Y Street Address (P.O. Box Number is Not Acceptable) 12025 SW 18 ST, NO. 4 **MIAMI FL 33175** ^z331*74* Mismi State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both, in the DATE 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition PD Change ☐ Delete TITLE TITLE ALVAREZ, WILFREDO Y NAME NAME STREET ADDRESS 12025 SW 18 ST. NO. 4 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33175** Change ☐ Addition THTLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE .TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR