

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91753 015 ***150.00

DOCUMENT # P00000027774 ✓
1. Entity Name US PARTS EXPORT INC
9725 SW 2ND STREET
BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 201A SW 5TH STREET
 Suite, Apt. #, etc.

3. Mailing Address 9725 SW 2ND STREET
FOH PANO BEACH FL 33060
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State FOH PANO BEACH
Zip 33060 **Country** USA

City & State BOCA RATON
Zip 33428 **Country** USA

4. FEI Number 651000524
☐ **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 VINCENT P EVERAERT
Street Address (P.O. Box Number is Not Acceptable) 9725 SW 2ND STREET
City BOCA RATON **FL** **Zip Code** 33428

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 _____ **DATE** 4-29-2002
 Signature, typed or printed name of registered agent (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
 (See criteria on back)

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

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>VINCENT EVERAERT</u> <u>9725 SW 2ND STREET</u> <u>BOCA RATON FLORIDA</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE PRESIDENT</u> <u>VINCENT EVERAERT</u> <u>9725 SW 2ND STREET</u> <u>BOCA RATON FLORIDA</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **DATE** 4-29-2002 **Daytime Phone #** 954 7693708
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)