

FILED
Jun 16, 2003 8:00 am
Secretary of State

05-27-2003 90172 001 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000048585

1. Entity Name
**BUY AND SELL ELECTRONIC SPARE PARTS NET
INC.**



55048202

Principal Place of Business
**9425 N.W. 47TH TERRACE
MIAMI, FL 33178**

Mailing Address
**9425 N.W. 47TH TERRACE
MIAMI, FL 33178**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-1029608

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RAMIREZ, LUCELLY
10045 N.W. 46TH STREET., #306
MIAMI, FL 33178**

7. Name and Address of New Registered Agent

Name
LUCELLY RAMIREZ
Street Address (P.O. Box Number is Not Acceptable)

9425 NW 47th TERRACE

City
MIAMI

FL Zip Code
33178

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

Lucelly Ramirez

04/24/2003

Signature, typed or printed name of registered agent and date it must be filed

(NOTE: Registered Agent signature required when completing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MEDINA, JAIRO
10045 N.W. 46TH STREET., #306
MIAMI, FL 33178** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
JAIRO MEDINA
9425 NW 47th TERRACE
MIAMI, FL 33178** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
RAMIREZ, LUCELLY
10045 N.W. 46TH STREET., #306
MIAMI, FL 33178** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
LUCELLY RAMIREZ
9425 NW 47th TERRACE
MIAMI, FL 33178** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lucelly Ramirez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/2003

One

Daytime Phone #

CR2034 (10/02)