

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

Ame

FILED
Aug 05, 2002 8:00 am
Secretary of State

05-27-2002 90477 024 ***150.00
08-05-2002 90009 013 ***61.25

DOCUMENT # *P00000051516*

1. Entity Name

Auto Market Used Auto Parts Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7796 W. 30th Court

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Hialeah FL

City & State

4. FEI Number

65-1010911

Applied For

Not Applicable

Zip

33018

Country

DADE

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Ochoa Carlos

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

7796 W. 30th Court

City

Hialeah

FL

Zip Code

33018

**DO NOT WRITE
IN THIS SPACE**

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>President Oscha Maria 7796 W 30th Court Hialeah FL 33018</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>SECRETARY Ochoa Carlos 7796 W 30th Court Hialeah FL 33018</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #