DOCUMENT # P00000051616

1. Entity Name

Auto Market Used Auto Parts Corp.

09-22-2002 90058 023 ****61.25

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

AMENDED

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2. Principal Place of Business: 7796 W. 30th court
Suite, Apt. #, etc.: —
City & State: Hialeah FL
Zip: 33018
Country: Dade

3. Mailing Address: Same
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number: 65-1010911 ☐ Applied For ☐ Not Applicable

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

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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

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

9. This corporation is eligible to satisfy its intangible ... requirement and elects to do so. ☐

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

President Oscha Carlos 7796 W. 30th Court, Hialeah FL 33018	TITLE NAME STREET ADDRESS CITY-ST-ZIP
Secretary MARIA Osha 7796 W. 30th Court Hialeah FL 33018	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #