

DOCUMENT # **P00000051616**

1. Entity Name
Auto Market Used Auto Parts Corp.

09-22-2002 90058 023 ***61.25
FILED
02 SEP 25 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	
Zip 33018	Country Dade	Zip	Country

AMENDED
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4. FEI Number 65-1010911	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	

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Name Ochoa Carlos	
Street Address (P.O. Box Number is Not Acceptable) 7796 W. 30th Court	
City Hialeah	Zip Code FL 33018

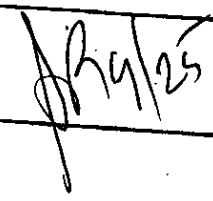
8. The above named agent certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE 

9. This corporation is eligible to satisfy its intangible tax liability by depositing and electing to do so. ☐	January 2 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make check payable to Department of State
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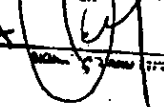
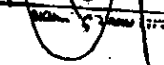
10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS	
President Oscha Carlos 7796 W. 30th Court Hialeah FL 33018	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
Secretary MARIA Oscha 7796 W. 30th Court Hialeah FL 33018	TITLE NAME STREET ADDRESS CITY-STATE-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 included 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 a telephone number, if any.

NATURE: 
DATE:  OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR