FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2004 8:00 am
Secretary of State
05-17-2004 90015 017 ***150.00

DOCUMENT # P00000054377

1. Entity Name
AUTO DEPOT WHOLESALERS CORP

DO NOT WRITE IN THIS SPACE

24076134
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1515 NW 7 Ave	1515 NW 7 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl	City & State: Miami, Fl
Zip: 33136 Country: USA	Zip: 33136 Country: USA

4. FEI Number: 65-1017289 ☐ 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: RAUL I. RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable): 320 E 65 ST

City: Hialeah FL Zip Code: 33013

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT RAUL I. RODRIGUEZ 320 E 65 ST. Hialeah FL 33013
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ RAUL I. RODRIGUEZ 4-22-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #